

Patient Name: _____ Admit Date: _____ Discharge Date: _____
 Other Identifiers: _____

PROVIDER CHECKLIST FOR SUBMITTING MEDICAL RECORDS TO THE QUALITY IMPROVEMENT ORGANIZATION (QIO)

Item	Present	Need to Obtain *	Not Applicable	Comments
Consultation Notes				
Discharge Summary				
EKG Reports				
Emergency Department Record				
History and Physical Examination				
Laboratory Reports				
Medication Administration Record				
Nursing Documentation and Flow Charts				
Operative and/or Procedure Reports				
Physician's Orders				
Physician's Progress Notes				
X-ray and/or Imaging Study Reports				

* To be obtained prior to sending the medical record to the QIO.