

**Medical Peer Review Assessment Form  
Pulmonary Function**

Reporting Physician: \_\_\_\_\_

Peer Reviewer: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Type of Study: \_\_\_\_\_

Case#: \_\_\_\_\_

Report Completion:

Assessment Category

Yes

No

Comment\* 74.4 6(7i)-5.9:s[e f 539 re f

Enter assessment criteria here  
Enter assessment criteria here

_____	1	2	3	4	5
Pulmonary Function Testing (PFT) impression:					
<u>Recommendations:</u>	YES Comment below			None	
Comments:					
Follow-up post recommendations:					
* Grade	Meaning				
1	Complete agreement.				
2	No clinically significant discrepancy.				
3	Discrepancy which almost certainly is clinically significant, and is likely to require clinical follow-up and/or treatment.				
4	Discrepancy which almost certainly is clinically significant, and is likely to require short-term follow-up and/or immediate treatment.				
5	Discrepancy which almost certainly is clinically significant, and is likely to require short-term follow-up and/or immediate treatment.				