

MRCL Case - Diplomate Review Form

Section 1: Automatically completed with information provided by the **Resident** in the case log entry.

Resident:	Resident Role:	Date of Procedure:
Patient and owner name:		EVDC MRCL Category:
Diagnosis for which MRCL procedure was indicated:		
MRCL procedure performed (use AVDC abbreviation):		
Species: Breed: Age: Sex:		
Diplomate initials (if present):	Location procedure conducted: Resident Practice/Institution	

Section 2: To be completed by **Diplomate**. Choose Yes or No, and insert comments where appropriate.

<p>Patient as a Whole</p> <p>Attention to patient as a whole? <input type="text" value="Yes"/></p> <p>Appropriate pre-operative diagnostics? <input type="text" value="Yes"/></p> <p>Accurate assessment of general health problems? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>	<p>Oral Diagnostics</p> <p>Appropriate diagnostic modalities used? <input type="text" value="Yes"/></p> <p>Accurate assessment of dental problems? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>
<p>Anesthesia and Pain Management</p> <p>Pre-anesthesia work-up appropriate? <input type="text" value="Yes"/></p> <p>Anesthetic protocol appropriate? <input type="text" value="Yes"/></p> <p>Perioperative management, monitoring appropriate? <input type="text" value="Yes"/></p> <p>Post-anesthesia pain management appropriate? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>	<p>Radiography</p> <p>Good radiographic technique? <input type="text" value="Yes"/></p> <p>Processing technique adequate? <input type="text" value="Digital"/></p> <p>Radiological interpretation correct? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>
<p>Oral-Dental Procedure</p> <p>Procedures skillfully performed? <input type="text" value="Yes"/></p> <p>Complications addressed? <input type="text" value="Yes"/></p> <p>Specific comments for improvement of procedure:</p> <input type="text"/>	<p>Treatment Plan</p> <p>Decision-making process logical? <input type="text" value="Yes"/></p> <p>Correct treatment chosen? <input type="text" value="Yes"/></p> <p>Procedure likely to succeed clinically? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>
<p>Post-Op Treatment and Re-Examination</p> <p>Appropriate instructions given? <input type="text" value="Yes"/></p> <p>Follow-up included? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>	<p>Dental Chart</p> <p>Pathology adequately recorded? <input type="text" value="Yes"/></p> <p>Therapeutic procedure(s) adequately recorded? <input type="text" value="Yes"/></p> <p>Dental or surgical materials recorded? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>
<p>Medical Record</p> <p>SOAP format used? <input type="text" value="Yes"/></p> <p>Photographs and other materials included? <input type="text" value="Yes"/></p> <p>Comments:</p> <input type="text"/>	<p>Diplomate name: Andy Perry</p> <p>Date completed: 02/06/2022</p> <p><input type="button" value="Submit Form"/></p>

Form must be completed by diplomate within one year of the date of the procedure.

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