Oklahoma Department of Correction
Peer Review Criteria for Dentist

Attachment C
OP-140142

Date of Review: _____ **Provider Reviewed:** _____

Reason for Review:

- ❑ Biennial
- ❑ Appropriateness of Care
- ❑ Adverse drug reaction
- ❑ Professional concern
- ❑ Critical Incident
- ❑ Utilization issues
- ❑ Other _____

Criteria:

1. Sick calls with complaints of acute pain/swelling were evaluated in a timely manner?
   ❑ Yes ❑ No Comment: _____
2. Clinical observations were documented during the encounter of sick call?
   ❑ Yes ❑ No Comment: _____
3. Diagnosis is justified by history, x-rays, and current assessment?
   ❑ Yes ❑ No Comment: _____
4. Treatment is consistent with x-rays and clinical observation?
   ❑ Yes ❑ No Comment: _____
5. Consent and/or waivers were signed if necessary for surgical procedures?
   ❑ Yes ❑ No Comment: _____
6. Post- op instructions and follow up appointments provided when necessary?
   ❑ Yes ❑ No Comment: _____
7. Progress notes for dental provider reviewed relate back to the initial request?
   ❑ Yes ❑ No Comment: _____
8. Progress notes for dental provider were completed in a timely manner?
   ❑ Yes ❑ No Comment: _____
9. Progress notes for treatment provided reflects priority of dental care?
   ❑ Yes ❑ No Comment: _____
10. Follow-up appointments consistent with diagnosis and severity of symptoms?
    ❑ Yes ❑ No Comment: _____
11. Referrals for specialty consults are consistent with diagnosis?
    ❑ Yes ❑ No Comment: _____
12. Referrals for special treatments are timely with the immediacy of the problem?
    ❑ Yes ❑ No Comment: _____
13. Medications are justified by diagnosis and severity of symptoms?
    ❑ Yes ❑ No Comment: _____
14. Prescribing practices are consistent with peers, i.e., provider stays within the medical services formulary when prescribing?
    ❑ Yes ❑ No Comment: _____
15. Applicable current national guidelines are followed?
    ❑ Yes ❑ No Comment: _____

PEER REVIEW FOR DENTIST

Additional Comments:

Signature of Reviewer: _____ Date: _____

Signature of Provider Reviewed _____ Date: _____

(12/24)