



This Index and Verification Form for case reports must be completed. Choose the form that best reflects your work environment. The Office Manager and/or Hospital Administrator, must verify that you were the physician treating the patient in each case on the date stated. If more than one hospital, submit a separate Index for each one.

Confirmation must be on official letterhead verifying that you were the physician treating the patient in each case on the date stated. If the applicant's cases reflect work at more than one institution, then separate letters must be submitted verifying the cases from each institution. This validation must be notarized and signed.

**DO NOT INCLUDE THE FOLLOWING IN YOUR
ACTUAL CASE REPORTS:**

- **Hospital Name**
- **Name or Initials of Patients**
- **Medical Record Numbers**
- **Full Face Photographic Images**
- **Age Information of Patient if Over 89**

INDEX AND VERIFICATION FORM

<u>Case#</u>	<u>Patient#</u>	<u>Date of Service</u>	<u>Diagnosis</u>	<u>Page#</u>
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			

The above listed patient numbers were performed by Doctor _____
at this facility.

Name of Hospital Administrator (PLEASE PRINT)

Hospital Administrator Signature

Title

Date

Notary Public Signature

Commission Expires

Notary Seal

INDEX AND VERIFICATION FORM

<u>Case#</u>	<u>Patient#</u>	<u>Date of Service</u>	<u>Diagnosis</u>	<u>Page#</u>
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			

The above listed cases were performed by Dr. _____
at this facility.

Name of Office Manager (PLEASE PRINT)

Office Manager Signature

Title

Date: _____

Notary Public Signature

Commission Expires

Notary Seal: