

SUNY Upstate University Hospital
SURGICAL CASE REVIEW FORM

Surgeon being reviewed: _____ Department: _____					
Review Date: _____ Reviewer name: _____					
CASE DATE	CASE MR#	PROCEDURE (S)	APPROPRIATE (Y/N)	OUTCOME	COMMENTS

Return by email (medstaff@upstate.edu) or fax (315-464-8521) to Medical Staff Services.