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Peer Review**  
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## ACR ROPA Peer Review Form

Year \_\_\_\_\_

Quarter \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient No. \_\_\_\_\_

Date \_\_\_\_\_

Performance Measure	Satisfactory		
	Yes	No	Comment
1. Diagnosis			
2. Stage of disease			
3. Pertinent pathology report			
4. Pertinent history and physical examinations			
5. Documented informed consent			
6. Signed and dated treatment plans and prescriptions at the beginning of treatment along with appropriately documented changes			
7. Planned total dose, numbers of fractions, dose per fraction, and fractions per day			
8. Method of delivery			
9. Treatment site or treatment volume, with properly labeled diagrams and/or photographs of fields			
10. Appropriately documented verification images			
11. Isodose plan and/or dosimetry calculations			
12. Documentation of applicable physics QA			
13. Treatment summary or a completion-of-therapy note			
14. Follow-up plan			
15. Documentation that the treatment record was checked before and weekly during treatment			
16. Documented periodic examination of the patient by the radiation oncologist, including patient progress and tolerance			

SUMMARY: Satisfactory

Action Taken

(Describe below)

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