



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. Signed and dated treatment plans and prescriptions at the beginning of treatment along with appropriately documented changes			
6. Planned total dose, numbers of fractions, dose/fraction, and fractions/day			
7. Method of delivery			
8. Treatment site or treatment volume, with properly labeled diagrams and/or photographs of fields			
9. Appropriately documented verification images			
10. Isodose plan and/or dosimetry calculations			
11. Documentation of applicable physics quality assurance			
12. Summary or a completion-of-therapy note			
13. Follow-up plan			
14. Documentation that the treatment record was checked weekly during treatment			
15. Documented periodic examination of the patient by the radiation oncologist, including patient progress and tolerance			
16. Documented informed consent			

SUMMARY: Satisfactory _____ Action Taken _____ (Describe below)
