

[Date]

[Provider Name, Credentials]

[Department/Clinic Name]

[Facility Address]

RE: Notification of Complete Medical Chart Audit and Peer Review Results

Dear [Provider Name],

The Clinic Peer Review Committee has completed a formal audit of your medical chart records for the review period of [Start Date] to [End Date]. This review was conducted as part of our routine quality assurance program to ensure compliance with clinical practice guidelines and institutional documentation standards.

The committee reviewed a total of [Number] charts. The audit focused on the following criteria:

- Documentation accuracy and timeliness
- Appropriateness of diagnostic testing and treatment plans
- Patient safety and clinical outcomes
- Informed consent and patient communication

Review Findings:

[Insert Summary of Findings - e.g., All reviewed charts met or exceeded the required standards of care.]

Committee Recommendations:

[Insert Recommendations or "No further action required at this time."]

Your commitment to providing high-quality patient care is appreciated. If you have any questions regarding the audit process or these findings, please contact the Committee Chair within [Number] business days.

Sincerely,

[Signature]

[Name of Committee Chair]

Chair, Peer Review Committee

[Clinic Name]

Confidential: This document is protected under peer review privilege and is not part of the permanent medical record.