## **Peer Review Form for Medical Case Studies**

Reviewer Name	
Date	
Date	
Case Study Title	
Author(s)	
Assessment Criteria	
Originality and Novelty	
	▼
Clinical Relevance	
	<u> </u>
Clarity and Organization	▼
Use of Literature and References	
	<u> </u>
Ethical Considerations	
	▼

General Comments	
Overall Recommendation	
	_