EXTERNAL PEER REVIEW ASSOCIATES, LLC

CASE REVIEW

FULL REPORT

**Case Number: Date Responses Received:**

**Institution/Department: Physician(s):**

**Core Issue(s):**

**Professionalism Physician Practice Physician Performance**

**Credentials/Privileges Restriction**

**Other**

SUMMARY OF CASE

 CONCLUSION

 RATIONALE FOR CONCLUSION:

 RECOMMENDATION:

Signature: Date:

EXTERNAL PEER REVIEW ASSOCIATES, LLC

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