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

PO Box 171078, Boston, MA 02117 [www.externalpeerreviewassociates.com](http://www.externalpeerreviewassociates.com/)