

Outpatient Utilization Review Minutes

Program Name: _____ **Date:** _____

Committee Members, Credentials: _____ **Signatures:** _____

Chairperson, Credentials: _____ **Signature:** _____

Client Name	Anasazi #	Disposition		
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied
		<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Reduced	<input type="checkbox"/> Request Denied