

Outpatient Utilization Review Minutes
(continued)
Page ____ of ____

Program Name: _____ **Date:** _____

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
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