HEALTH CARE ORGANIZATION
PROFESSIONAL REVIEW ACTION REPORT

To: Idaho State Board of Medicine
P.O. Box 83720
Boise, Idaho 83720-0058

Health Care Organization: _____

Address: _____

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Administrative Contact: _____

Medical Staff/Physician Contact: _____

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Please provide a statement of the quality of care concerns or professional conduct that is the basis of the professional review action.

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