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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00602D (02/2023) | **STATE OF WISCONSIN** |
| **TRAUMA CARE FACILITY**  **QUALITY REVIEW REPORT** | |

| **Facility Name** | | **Requested Level** | **Date of Quality Review** | **Date of Original Review** |
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| **Criterion Deficiency**  Criteria Deficiency:  Findings concurrent  Recommend revision  Discussion included | | | | |
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| **Additional Facility Comments** | | | | |
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| **Additional Reviewer Comments** | | | | |
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| **Facility Attendance** |  | | | |
| **Site Reviewer and DHS Staff Attendance** |  | | | |
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