

CHILD MEDICAL EVALUATION PROGRAM

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CASE CONFERENCE REPORT

County _____

Date of Examination _____

Date of Case Conference _____

Name of Child _____

Names and Titles of Participants:

Conclusions, Actions or Recommendations:

The case conference fee is computed on the basis of \$18.75 per 15 minute interval, or portion thereof, up to a maximum of \$75.

Total time for arranging and participating in case _____
conference and for preparing this report.

Total Fee_____

Physician submitting report