CLINIC STAFF MEETING MINUTES

Date of Meeting: _____ Time of Meeting: _____

Issues discussed:

1) _____

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2) _____

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3) _____

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4) _____

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5) _____

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Resolution of issues:

1) _____

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2) _____

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3) _____

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4) _____

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5) _____

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Assignments:

1) _____

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2) _____

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3) _____

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4) _____

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5) _____

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Persons in Attendance:

Name	Position	Signature

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