

**CONFIDENTIAL**

All information documented on this form is privileged to the fullest extent under Wisconsin Statute Sections 146.37 and 146.38, any amendments thereto, and all applicable federal law.

**TRAUMA COMMITTEE  
MORBIDITY AND MORTALITY SUBCOMMITTEE**

<b>Trauma Number</b>		<b>Name</b>		<b>Age</b>	
<b>Medical Record Number</b>		<b>Account Number</b>			
<b>ISS</b>		<b>DOB</b>			
<b>Date of Admission</b>		<b>Date of Discharge</b>			
<b>Trauma Surgeon</b>	Dr.				
<b>ED Physician</b>	Dr.				
<b>Consulting Physician(s)</b>	Dr.				
<b>Brief Summary</b>					
<b>Complications</b>			<b>Determination</b>		
<b>Recommendations</b>					
<b>Date Reviewed by Morbidity and Mortality Committee</b>					

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