

**Evaluation Initial Recommendations**

**Please email to** uphp@utah.gov **within 24 hours of evaluation**

**Name:**

**Date of Evaluation:**

**Synopsis of Evaluation:**

**Diagnostic Impression:**

**Recommendations (Treatment, Ability to Practice, Etc.):**

**I would like to discuss this case with the UPHP Medical Director or Program Manager prior to finalizing my report: Y or N**

**My contact number is**

**Printed Name Signature**