# HSCIC Feedback Sheet

## Section 1 – Review

### Review

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| --- | --- |
| **Name of Reviewer**  |  |
| **Date of Review** |  |

### Name and version of document being reviewed

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| **<Name>** | DDS FHIR Profiles Design Document v0.2 |

## Section 2 – Detailed feedback

Please use this section of the form to communicate any detailed comments or suggested changes to the <xyz> document.

| **No.** | **Doc Ref:** | **Review Item References** | **Reviewer’s Comment** | **Reviewers****Initials** | **Originator response** | **Date** | **Completed/ Checked****Yes/No** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Page****No** | **Section/****Para** | **Proposed/Agreed Action** |
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