

Printing Approval Form

Name of Job: ISSNE MEMO No. FFS 17-01, Q1-17-02

Name of Job: TELE-HEALTH LAW (ACT 226, SLH 2016) IMPLEMENTATION

I, the undersigned, do hereby authorize and approve the attached proof "as is" for printing. 1 1 1 1 1 1 1 1 1
Jon Fujii DATE
Jon Fujii DATE
Health Care Services Branch Administrator
ricalli dale del 1003 dialicii Adilillistiatoi
I, the undersigned, do hereby authorize and approve the attached proof "as is" for printing.
NAAF
NAME DATE
I, the undersigned, do hereby authorize and approve the attached proof with noted changes for
printing.
NAME
DATE.
Please return the proof to me after the noted changes have been made.
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NAME DATE