



A XEROX Company

# Printing Approval Form

**Name of Job:** ISSUE MEMO NO. FFS 17-01, Q1-1702  
TELE-HEALTH LAW (ACT 226, SLH 2016) IMPLEMENTATION

I, the undersigned, do hereby authorize and approve the attached proof "as is" for printing.

\_\_\_\_\_  
Jon Fujii  
Health Care Services Branch Administrator

11/12/2017

\_\_\_\_\_  
DATE

I, the undersigned, do hereby authorize and approve the attached proof "as is" for printing.

\_\_\_\_\_  
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.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE