



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

1/12/2017

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