## DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES

SUBJECT: **PREHOSPITAL CARE POLICY WAIVERS**REFERENCE NO. 1142.1

**REQUEST FORMS** 

## **CHANGE LOG**

Published Date	Status	Section and Subsection Affected	Description of Change(s)
04/01/2024	Revision	Section C.2.	<ul> <li>Revised to reflect Reference 1142</li> </ul>

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