FORM No. 05



Date Completed:

My Health LA

REQUEST TO ADD/DELETE EXAM ROOMS/DENTAL CHAIRS UTILIZED FOR THE MHLA PARTICIPANTS AT AN EXISTING APPROVED SITE

(CLICK IN WHITE BOXES TO COMPLETE FORM)

ADD EXAM ROOMS

DELETE EXAM ROOMS

ADD DENTAL CHAIRS

DELETE DENTAL CHAIRS

ADD X-RAY MACHINES

DELETE X-RAY MACHINES

Date:			
Agency Name:			
Clinic Site Name:			
Address:		Suite:	
City/State:		ZIP Code:	
Telephone No.:		Fax No.:	

	MHLA Exam Room(s)	MHLA Dental Chair(s)	MHLA X-Ray Machine(s)
Currently approved at the existing site:			
Number to be added:			
Number to be deleted:			
Total			

NOTE: Must submit current copy of Floor Plans

Justification for Change: