Date Completed:

My Health LA

REQUEST TO ADD/DELETE DENTAL SERVICES
TO AN EXISTING APPROVED SITE
(CLICK IN <u>WHITE</u> BOXES TO COMPLETE FORM)

<u>ADD</u> DENTAL SERVICES   <u>DELETE</u> DENTAL SERVICES

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

Number of Dental Chairs at this site:	
Number of X-Ray Machines at this site:	

Comments/Justification: