

To:

Fax-Remove User

То:	LINKS Program (504) 568-2659		From: Date:	
Fax:				
Praction	ce/ Facility Name:			
Please	e remove the following	g user(s) from LINKS:		
Fi	rst Name	Last Name	Position/Title	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
	inks Use Only		4	DEPARTMENT OF HEALTH

Completed on:

Completed by: