



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section
Division of Health Systems Development

FROM: Debra Savage, Chairman
Illinois Health Facilities and Services Review Board

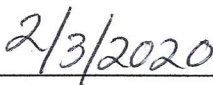
RE: Relinquishment # 17-018

FACILITY: DuPage Vascular Care

This is to advise you that I have reviewed the above-captioned relinquishment of an exemption within the requirements in 77 ILAC 1130.775 and have determined the following:

- X The request is in compliance with the requirements in 77 ILAC 1130.775 and the request is approved.
- This request is to be reviewed by the Health Facilities Planning Board.
- This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 IAC 1130.775.
- Other actions as follows:


Debra Savage, Chairman
Illinois Health Facilities and Services
Review Board


Date