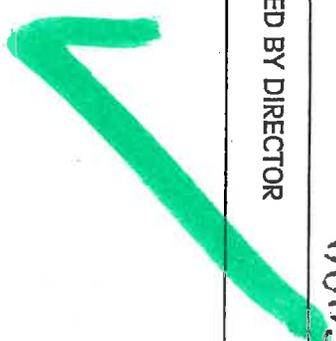


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/BZ	2-12-10

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	.1011337	I I Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		I I Prepare reply for appropriate signature DATE DUE _____	
		I I FOIA DATE DUE _____	
		<input checked="" type="checkbox"/> Necessary Action	

	APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.				
2.				
3.				
4.				

limit the unnecessary multiple
nebulizer fillings needed to 1 month.
These can be cleaned easily with
soap & water.

COMPLETED
dated 2/10/2010
to DHS Public Info
803 898 4515

Currently 15 Imros. are allowed.

A7003 & A7004

See 1-1-09
Medicaid
Revolving

Dr Arnold
T. McKea
MD

RECEIVED

FEB 11 2010

Department of Health & Human Services
OFFICE OF THE DIRECTOR

BARNET PARK FAMILY MEDICINE
69 Park Street
Spurthwaite, SC 29102
Phone: (803) 642-8866
Fax: (803) 642-8877

Angela S. McKea