



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: Kathy J. Olson, Chairman  
 Illinois Health Facilities and Services Review Board

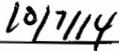
RE: Relinquishment of Permit # 12-099

Facility: Northwestern Memorial Faculty Foundation Dialysis Center

This is to advise you that I have reviewed the above-captioned relinquishment request within the requirements in 77 IAC 1130.775 and have determined the following:

- The request is in compliance with the requirements in 77 IAC 1130.775 and the alteration 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:

  
 \_\_\_\_\_  
 Kathy J. Olson, Chairman  
 Illinois Health Facilities and Services  
 Review Board

  
 \_\_\_\_\_  
 Date