

7. Explain any other advantages or disadvantages to your patients or institution which may result from the deletion of the service.

8. **AUTHORIZATION:** Signatures of Administrator and Chairperson of the Board of Directors.

Administrator

Board Chairperson

Date

If this form is not completed and submitted at least thirty days before the reduction, the facility is subject to review as a new or changed institutional health service under section 135.61(18)f and subject to sanctions under section 135.73.