

FAX COVER LETTER

**Illinois Health Facility and Services
Review Board
525 W. Jefferson St, Second Floor
Springfield, IL 62761**

**From: Corrine Holman
A dialysis patient @
Silver Cross Renal Center
(east)**

FAX# 217-785-4111

**At this time I am requesting to
be in the meeting for the following
applications deemed.**

**I would like to bring other patients
along with me so we can speak on**

①

our behalf. The numbers of the applications are (11-117) Silver Cross Lenox, (11-118) Silver Silver Cross, Morris (11-119) Silver Cross West

Please contact me @ 815-740-1402 or 312-415-0754. Mrs Corrine Holman & other dialysis patients.

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