



School of Medicine in New Orleans  
School of Medicine in Shreveport  
School of Dentistry  
School of Nursing  
School of Allied Health Professions  
School of Graduate Studies  
Health Care Services Division

**MEMORANDUM**

**DATE:**

**TO:**

<input type="checkbox"/>	CFO, HCSD	<input type="checkbox"/>	Lanette Buie
<input type="checkbox"/>	CMO, HCSD	<input type="checkbox"/>	Mike Carter
<input type="checkbox"/>	Judy Albin	<input type="checkbox"/>	Pat Landry
<input type="checkbox"/>	Joy Barnett	<input type="checkbox"/>	Mary Tauzin
<input type="checkbox"/>	Helen Bates	<input type="checkbox"/>	Nona Westmoreland
<input type="checkbox"/>	Other _____		

**FROM:** Marcia Daigle  
Director of Planning

X	Attachment For Your Information ONLY
X	Please Disseminate Attachment to Others as Appropriate

HCSD # \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Facility: \_\_\_\_\_

Termination Date: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_