NOTICE OF FORM CH	ANGE NO. 08-038		DATE 3/06/2008
District Attorney		(916) 657	inagement Unit
Listed below is information re	garding a form change. C	Only applicable information is show	wn.
This notice updates your Cal	lifornia Department of So	cial Services (CDSS) County Forr	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 627A SP (1/08) Consent to a Medical E	Examination	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		Yes No
☐ New	DATE OF FORM <b>1/08</b>	REPLACES 10/99	Obsolete
	BEQUIRED FORM-	10/99	
No Change Permitted		tted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788		INTRANET:	
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCTION	ONS
DISPOSITION OF OLD SUPPLY		Destroy	
ISE NEW FORM		Use new form effective	immediate
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		

http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/LIC627ASP.pdf

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.