

**Our Physicians**

Neeraj Agrawal, MD  
William Berry, MD  
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Monica Jones, MD  
Alan D. Kritz, MD  
Scott D. Meredith, MD

**Medical Records Release/Request**

***Patient, please complete the following information:***

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_

Prior Testing Facility: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

***For CCNC Office Use:***

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

Fax Number: \_\_\_\_\_

Please send \_\_\_\_\_ films and reports for the above named patient to Cancer Centers of North Carolina:

To: Cancer Centers of North Carolina  
4101 Macon Pond Road  
Raleigh, NC 27607  
Attn: Elaine Royster or CT Dept.  
Ph #: 919-510-5629  
Fx#: 919-235-0701

Thank You!