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Release of Medical Information to Carolina Regional Cancer Center

Information from (Facility/Physician) _____

(Address) _____

to Carolina Regional Cancer Center about:

Patient Label

Information requested:

- Entire record to include:
 - Consultation notes _____
 - Progress notes _____
 - Pathology reports _____
 - Medication list _____
 - Chemo flowsheet _____
 - Lab results _____
 - X-ray and/or imaging reports _____
 - Previous radiation reports _____
- Other: _____
- _____
- _____

 CRCC Representative Requesting Medical Information

 Date

Form-0073: Privacy Practices Acknowledgment:

Consent for Uses/Disclosures of PHI for Treatment, Payment, Healthcare Operations

Attached

Initials: _____