Ms. Martha Frisone, Assistant Chief
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

RE: Retraction of Support for SCDP of Charlotte CON Application

Dear Ms. Frisone:

I would like to retract my letter of support that was included in the SCDP of Charlotte CON Application (Project ID # F-11195-16). I am an oral surgeon with Carolinas Center for Oral & Facial Surgery and the oral surgeons in my practice have also submitted a CON application (Carolinas Center for Ambulatory Surgery, Project ID # F-11202-16) for the two operating rooms available in Region 2.

I erroneously responded to an email that was sent to my work email address assuming it was for our Carolinas Center for Ambulatory Surgery CON application. If I had realized that the letter with no identifying name on it was for the SCDP of Charlotte CON application, I would not have completed and signed the letter. Please accept this letter as documentation of my request to have the letter rescinded.

Please let me know if you have any other questions. Thank you for your time and attention.

Sincerely

Qr. Gregory T. Tull, DMD