

# North Carolina 2012 State Medical Facilities Plan Order Form

Name: \_\_\_\_\_  
(Required)

Organization: \_\_\_\_\_  
(Optional)

Mailing Address: \_\_\_\_\_  
(Required)

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(Optional)

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(Required)

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Checks should be made to: North Carolina Division of Health Service Regulation

Return completed form to: Division of Health Service Regulation  
Medical Facilities Planning Branch  
2714 Mail Service Center  
Raleigh, N.C. 27699-2714