

SAMPLE DOCTOR LETTER

To apply for services with 305 Pink Pack, please provide a letter from your **oncologist** on **DOCTOR'S LETTERHEAD** with the following information. Letter must be signed by your doctor and include the office phone number and email.

*This letter is also used to apply for financial assistance programs and must include all of the information clearly stated as below as specified by those applications.

Date:(cannot be more than 60 days old)

Patient Name:

Date of Birth:

Date of diagnosis:

Cancer Type:

Stage:

Current and Pending treatment:

*****If breast cancer, please include subtype and hormone receptor type**

*****If stage 4 Metastatic Cancer please specify areas of metastasis**