



305 Pink Pack

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To apply for services with 305 Pink Pack, please provide a letter from your oncologist on **Office Letterhead** that indicates the following information. A signed clinical note, cannot be accepted. You can copy paste the format below if you prefer.

Today's Date:(cannot be more than 90 days old)

Patient Name:

Date of Birth:

To whom it may concern, this patient is under my care for cancer treatment. Details are as follows:

Date of diagnosis:

CancerType:

If breast cancer, subtype and hormone receptor type:

Stage: If stage 4 please specify areas of metastasis:

Current treatment:

Pending treatment:

Doctor's Name

Doctor's Signature

Office Phone

Office Email



305 Pink Pack is an exempt organization as described in
Section 501(c)3 of the Internal Revenue Code; EIN 84-3414585

