



305 Pink Pack
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Medical Verification Form

Form must be signed by a treating doctor, social worker, or nurse. Patients with Stage 0- Stage 3 cancers have services available for 12 weeks from enrollment. Patients with Stage 4 Metastatic Cancers (all types) have a stipend of services available to them at any time during their treatment. Early stage patients must be in active treatment (infusion chemo, radiation, or within 2 weeks of surgery).

Patient Name: _____ Phone: _____

Date of Birth: _____ Date of Diagnosis: _____

Cancer Type: _____

Stage: 0 1 2 3 4 UNDESIGNATED Is this a Recurrence? YES NO

For **breast cancer**, please specify subtypes:

- | | | |
|--|--|---|
| <input type="checkbox"/> Ductal Carcinoma in Situ (DCIS) | <input type="checkbox"/> Invasive Ductal Carcinoma | <input type="checkbox"/> Invasive Lobular Carcinoma |
| <input type="checkbox"/> Inflammatory Breast Cancer | <input type="checkbox"/> Metaplastic Breast Cancer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Triple negative (ER-/PR-/HER2-) | <input type="checkbox"/> Triple positive (ER+/PR+/HER2+) | |
| <input type="checkbox"/> Hormone+/HER2- | <input type="checkbox"/> Hormone-/HER2+ | <input type="checkbox"/> Other : _____ |

****Only fill out if the patient is Stage 0-Stage3. Please check all treatments expected in the next 90 days.****

SURGERY (**NOT** INCLUDING RECONSTRUCTION) CHEMO (**NOT** INCLUDING IMMUNOTHERAPY) RADIATION

Medical Verification by: DOCTOR NURSE SOCIAL WORKER

Print Name: _____

EMAIL: _____ Direct Phone: _____

Signature: _____ Date: _____

Please email this form to info@305pinkpack.org or fax to 786-733-1890 along with a recent clinical summary note within 2 weeks of applying for support.

If a patient has received services from us previously, they are able to reapply if it is a recurrence or a new Stage 4 diagnosis. Additional information may be requested.