Ontonagon County Cancer Association

Dedicated to serving the people of Ontonagon County
P.O. Box 282, Ontonagon, Michigan 49953

APPLICATION FORM FOR PATIENT SERVICES
SHEET #1

PATIENT'S NAME _____

HOME ADDRESS _____

BIRTH DATE _____ PHONE _____

NEAREST RELATIVE OR FRIEND _____

NAME OF HOSPITAL WHERE TREATED _____

ADDRESS OF HOSPITAL _____

NAME OF DOCTOR _____ PHARMACY _____

SIGNATURE OF PATIENT _____

DATE SIGNED _____

PLEASE ASK DOCTOR TO COMPLETE THIS SECTION. THANK YOU.

The above patient has requested assistance from the Ontonagon County Cancer Association. As a lay organization, we do not keep medical records, but ask that you verify the treatment of this patient for cancer. We would appreciate a diagnosis. Please add any items such as medications, dressings, etc., which the patient might need. Any information is kept confidential. Thank you for your cooperation.

_____ _____
PHYSICIAN'S SIGNATURE DATE
(NO RUBBER STAMP PLEASE)

DIAGNOSIS _____

COMMENTS _____

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