Dear Doctor,

Support Sisterz is a nonprofit organization dedicated to helping women in the Corona, Norco and Eastvale areas who are in current treatment for Breast or Gynecological cancers. We provide financial assistance with medical bills, utilities, groceries, gas cards, household, and necessity items and much more. To be eligible, patients must meet certain financial and medical criteria related to their diagnosis and treatment. The patient's primary diagnosis must match our fund definition and they must be in treatment.

As part of our ongoing compliance requirements, the patient's diagnosis must be verified by the treating physician.

As the treating physician, please complete and sign the form below, emailed to contact@supportsisterz.org or the patient can upload to our website along with their application for assistance.

I certify that I am the treating physician for _____ _____
Patient Name Date of Birth

The patient's primary cancer diagnosis is _____ _____
Diagnosis ICD-10

Please Specify: Metastatic ____ non-Metastatic ____

I further certify that the above-named patient is **currently undergoing active treatment with chemotherapy and/or targeted treatment medications to treat his/her primary cancer** and I will be overseeing the patient's treatment accordingly.

Medication Name	Expected Length Treatment	Plan of Treatment

Prescribing Physician

First Name _____ Last Name _____

Address _____ City _____

State __ Zip Code _____ Phone _____ Fax _____

NPI # _____ Office Contact _____

Physician's Signature: _____ Date_____