Theresa's Fund
Make-A-Difference Foundation
CONFIDENTIAL

I. iNITIAL PATIENT STATEMENT

1. Your Name ____Date _____/_____/_____

2. Address ____

8. E-mail ____

9. Type of Cancer ____10. Stage ❒ I ❒ II ❒ III ❒ IV

11. Are You Using "G" Tube? ❒ Yes ❒ No
12. Are You Able to Eat Solids? ❒ Yes ❒ No
13. Date of Birth (mm/dd/yyyy) ______/______/__________
14. Age ❒ Birth to 18 ❒ 19 and older
15. Best time to call? (We will call you) ____________________________

This application is good for one year after approval. Certain limitations apply. At eleven months from approval, patient will receive notification for renewal. It is patient's responsibility to renew.

2. MEDICAL / PROFESSIONAL STATEMENT OF DIAGNOSIS

The person listed herein has applied to us for action.
Diagnosis for ______________________________is cancer? ❒ Yes ❒ No Stage ❒ I ❒ II ❒ III ❒ IV

Your Signature ____ Date _____/_____/_____

Title ____________________________ E-mail ____

Telephone (_______) _________________ X_______________Fax (_______) ______________________

Agency/Organization Name ____________________________ City ____________________ Zip ______

Is Your Agency/Organization Non-Profit? ❒ Yes ❒ No

Upon completing your section and reviewing patient section for accuracy, submit it by fax or e-mail to Make-A-Difference Foundation. Fax number is 1-866-561-1164. Email to mikee@thewiseowl.org.

FOR MAD OFFICE USE ONLY

Date Received ______________________ Date of Approval ___________________ Code _____________