

American Childhood Cancer Organization Utah (ACCOUT)

Affiliate of American Childhood Cancer Organization (ACCO)

9872 East 700 South Jordan, UT 84070 (801) 834-1216

www.acco.org/utah

CONFIRMATION OF DIAGNOSIS

Today's Date _____

To be completed by child's parent/guardian:

Child's Name _____ Date of Birth _____

Diagnosis _____ Date of Diagnosis _____

Oncologist Name _____ Oncologist Phone # _____

Address _____ Fax # _____

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

I hereby authorize my child's treating oncologist or medical team to confirm with ACCOUT my child's diagnosis and/or current condition for the purpose of assisting my child and family. This is not a request for medical records.

Signature of Parent/Guardian _____

Printed Name and relationship of signer _____

Signature of Patient if over 18 years old _____

To be completed by treating oncologist:

Child's Name _____

Diagnosis _____ Date of Diagnosis _____

Currently receiving chemotherapy or radiation: Yes No

If Yes, projected end date: _____

Other information to help us serve this family better: _____

Signature of Physician or Representative _____

Printed Name _____ Date _____

Title _____