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Antwerp, NY 13608
315-287-3752

Gouverneur Breast Cancer Fund

Quality of Life Assistance Application - Part II

Confidential - To Be Completed By Treating Physian - Please Print

General Patient Information:

Patient Name: _____ Date Of Dx: _____

DX: _____

Dx know to Patient? Yes: _____ No: _____

Dx know to family? Yes: _____ No: _____

Type of treatment:

Financial Assistance with Transportation:

Treatment location:

Is Patient Ambulatory? Yes: _____ No: _____

Financial Assistance with Medication

Please list class of medication and specific drugs related to Patients Breast Cancer

Class Of Medication:

Specific Drug:

Please list any Comments pertaining this patients situation you feel the GBCF needs to be aware of:

Physician's Name: _____

Physician's Signature: _____ Date: _____