



Rock County Cancer Coalition Diagnosis Verification Form

Treatment Standard for your Oncologist to Complete

Applicant's Name: _____

Type of cancer applicant is diagnosed with _____

Applicants must have a diagnosis of cancer and be in **active treatment** when funds are requested. Active treatment is defined as the time when therapies are being administered, including surgical procedures, chemotherapy, and radiation. Chemo therapy is defined as IV treatment or some oral chemotherapy to be approved by RCCC. Active treatment does not include long-term hormonal therapies.

What treatment is the applicant currently receiving?

Chemotherapy IV Oral - Name of medication _____

Radiation

Surgery - Doctors suggested surgical recovery period _____

Form can be completed by oncologist medical personnel, but must be signed by the Oncology Physician

Oncologist Medical Personnel Name: _____ Direct Phone _____

Oncology Provider Signature: _____ Date: _____

Oncology Provider name printed: _____

Hospital/Clinic Name: _____

Phone Number: _____