

**LAFAYETTE COUNTY CANCER COALITION
SUPPLEMENT ASSISTANCE**

In order to provide assistance to as many patients as possible, we will supply 4 cases of supplement per patient.

Please submit this form with a doctor's signature for each additional request of 4 cases.

I CERTIFY THAT _____ CURRENT DATE _____
(Patient's Name)

(Patient's Complete Address) PHONE # _____

IS A CANCER PATIENT UNDER MY CARE AND THEY NEED THE FOLLOWING SERVICES:

() NUTRITIONAL SUPPLEMENT

DOCTOR'S NAME: _____
(Please print)

DOCTOR'S SIGNATURE: _____

RETURN COMPLETED FORM TO: LAFAYETTE COUNTY CANCER COALITION
C/O LOIS WILEY
402 W 34TH ST
HIGGINSVILLE, MO 64037

Questions? Please call: Tom Wiley (660) 232-0590
Lois Wiley (660) 238-2060

Please call to arrange a time to pick up supplements.

Visit us at www.lafcocancer.org for more information and other forms. We are also on Facebook.

I certify I am a permanent resident of Lafayette County, Missouri.

(Patient's signature)