

Cancer Association of Anderson
215 E Calhoun Street, Anderson, SC 29621

Phone: 864-222-3500 Fax: 864-222-3502 Email: Kathy@CAanderson.org

DOCTOR'S FORM

THE PATIENT BELOW IS RECEIVING SERVICES PROVIDED BY THE
CANCER ASSOCIATION OF ANDERSON. THE PATIENT/GUARDIAN HAS GIVEN PERMISSION
TO HIS/HER PHYSICIAN TO RELEASE THE HEALTH INFORMATION LISTED BELOW:

Birth Date

Name of Patient

Address

City, State, Zip

Phone #

THE PHYSICIAN SHOULD COMPLETE THE FOLLOWING AND MAIL OR FAX TO THE
ABOVE ADDRESS or GIVE IT TO THE PATIENT TO RETURN TO CAA

Cancer Diagnosis: _____ Date of Diagnosis: _____

Is this patient in ACTIVE treatment for cancer? Yes: _____ No: _____

Treatment Plan: Chemo: ___ Radiation: ___ Surgery: ___ Immunotherapy: ___

Other: _____

Cancer related drugs ONLY: _____

Comments: _____

Physician's PRINTED name

Physician's Signature

Medical Office Name

Address

City, State, Zip

Today's Date

Contact Nurse or Assistant

Phone

Fax