



Greater Richland Area Cancer Elimination, Inc.

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Richland Center, WI 53581

(608) 608-8255 (Office)

(608) 604-2900 (Patients)

walkwithgrace.com

DIAGNOSIS VERIFICATION FORM

I am verifying that _____ (patient's name) has a current diagnosis of cancer and is/will be receiving treatment related to cancer.

Physician's Name (Please Print)

Physician's Signature

Hospital

Phone Number

Date

*When the Bad News Is Cancer, The GOOD NEWS Is G.R.A.C.E!
Thank you for Sharing....
Thank you for Caring*