



The Leukemia & Lymphoma Society Online Support Group
Diagnosis Confirmation Form
in partnership with The Wellness Community (TWC)

We recognize that those receiving much-needed support via the Internet want to be confident that everyone in the Online Support Group (OSG) has cancer. Therefore, in order to start your OSG, we require that participants sign the "Diagnosis Confirmation Form" indicating that they have cancer and give TWC-National permission to contact their physician or oncologist. This step provides the added security and reassurance you may need. In completing the form, be sure to include the name and contact information of your physician and return it to us at the following address:

The Wellness Community, Attn: Amparo Alvarez, 8609 South Dixie Hwy., Miami, FL 33143 or fax to 305-675-7939

Patient Information

Patient Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____

E-mail: _____

In connection with The Leukemia & Lymphoma Society and The Wellness Community Online Support Group in which I am participating, I understand that this group is intended only for the benefit of people with cancer. I hereby authorize The Wellness Community to contact my physician to confirm my diagnosis. The Leukemia & Lymphoma Society and The Wellness Community online support groups are educational and informational support programs.

X

Patient Signature Date

Physician Information

Physician Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-mail: _____

I, _____, verify that _____ has a cancer diagnosis of
(Physician Name) (Patient Name)
_____, and that this patient is currently under my medical care.
(Cancer Type)

X

Physician Signature Date