Dear Recipient,

Enclosed you will find a form that will help us record for our records a justification for assistance to and from your appointments with your healthcare providers.

On the form, please provide.

1. Your Name
2. Date of appointment
3. Who you saw
4. Address (including city and zip code) of your visit

**Please no MyChart printouts with unnecessary personal information**

* All starting points will be at the same single point (in Jamestown).
* A self-addressed stamped envelope is enclosed for your convenience.
* Forms are processed the third week of every month.
* Let us know If you would like the form emailed to you in the future (this will speed up the process and help reduce our costs of envelopes and postage)

Questions? Call 937-542-9810 (Chairperson of our group) or

 937-622-3360 (Co-Chair)

Sincerely

Jamestown Families Caner Care

P.O. Box 35

Jamestown, Ohio 45335

**Patient Name:**

**For Trips to Cancer Doctors and Treatment Facilities**

If your Oncology doctor refers you to an appointment, please use this form.

|  |  |  |
| --- | --- | --- |
| **Date** | **DOCTOR/FACILITY** | **LOCATION** |
| **Example: Jan 1, 2023** |  Dr. John Doe | 2400 Miami Valley Dr |
|  | Miami Valley Hospital South | Centerville, Ohio 45459 |
| Next date: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |