



Greater Richland Area Cancer Elimination, Inc.
P.O. Box 213 Richland Center, WI 53581
(608) 604-8255 *** www.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