



Greater Richland Area Cancer Elimination, Inc.
P.O. Box 213 Richland Center, WI 53581
(608) 604-2900 * www.walkwithgrace.com

DIAGNOSIS VERIFICATION FORM

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

Physician's Signature

Date _____