CORNERSTONE FAMILY HEALTHCARE

Fax Referral Contacts
Elci Mejia | 877-893-4349
OR
Ariana Jimenez | 845-534-2940

Medical Gap Grant Program

Sponsored by the *Miles of Hope Breast Cancer Foundation* administered by Cornerstone Family Healthcare

Patients must complete this section:

Please print clearly; all questions must be answered.

Date: _____ Referred by: _____ ☐ Male ☐ Female

Patient Name: _____ D.O.B. _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Patients provider must complete this section:

My patient _____ is currently undergoing treatment for Breast Cancer.

Diagnosis: _____

Date of Diagnosis: _____ Stage: _____ Treatment Rx: _____

☐ Patient has known metastasis ☐ Patient has no known metastasis

MD Signature: _____ Date: _____

MD Print: _____ Date: _____

MD Address: _____

MD Phone: _____ FAX: _____

Confidential Communication