



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

This transmission is intended only for the individual of entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law.

Corporate Headquarters

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Cornerstone Family Healthcare is a non-profit, multi-disciplinary community health center that believes that health care is a right and not a privilege.