



"Family, Friends & Community coming together as ONE Serving the Entire Local Community"

### PHYSICIAN FORM

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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If the recipient needs to travel, is that possible and if so, when? \_\_\_\_\_

Does the recipient require any special apparatus (e.g. wheelchair)? \_\_\_\_\_

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Attending Physician's Name (please print): \_\_\_\_\_

Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORIGINAL SIGNATURE ONLY – PLEASE DO NOT USE A STAMP**

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[www.smithtownchildrensfoundation.com](http://www.smithtownchildrensfoundation.com)

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