

## Nutrition Assistance Program Medical Information Guide

### **\*PLEASE GIVE THIS FORM TO YOUR MEDICAL PROVIDER\***

The following information is *required* in a letter from the patient's medical provider in order to apply for nutrition assistance :

*If you are in **active treatment** for pancreatic cancer—*

A letter, signed by your doctor, printed on the letterhead of the medical practice, including the following:

- Diagnosis
- Stage of cancer
- Summary of treatment regimen with dates and names of medications
  - o Chemo – type, start and end dates
  - o Whipple surgery – if any, what date
  - o Radiation – if any, start and end dates
  - o All natural – if any, names of supplements

Sample Basic Letter Body -

Jane Doe (DOB: 01/01/1950) was diagnosed with stage I Ampullary Adenocarcinoma of the pancreas on 01/01/2019. She underwent a whipple surgery on 02/01/2019 and will begin a regimen of 6 cycles of adjuvant chemotherapy (Gemzar and Abraxane) starting 03/01/2019.

**NOTE:** All above information is vital to processing the application for nutrition assistance through our organization. Please ensure that all the information detailed on this form is included and that the letter is printed on the letterhead of your medical practice as well as signed by the doctor. Additionally, be aware that we will further verify the information provided in the patient summary once it has been provided to us.