

Nutrition Assistance Program Medical Information Guide

Please give this form to your medical provider

Fax to: 203-720-2156

ATTN: PFA Coordinator

To process this patient's Nutrition Assistance Program application, we require a letter on your **official letterhead**, signed by a **licensed medical provider**, that includes the information outlined below.

If the patient is currently in active treatment for pancreatic cancer:

Please include:

- Cancer diagnosis and **stage**
- Summary of treatment plan, including:
 - **Chemotherapy** – type of chemo, start and end dates
 - **Whipple surgery** – date (if applicable)
 - **Radiation** – start and end dates (if applicable)
 - **Natural/Alternative treatments** – names of supplements (if applicable)

Sample Language:

Jane Doe (DOB: 01/01/1950) was diagnosed with stage 2 Ampullary Adenocarcinoma on 01/01/2019. She underwent Whipple surgery on 02/01/2019 and will begin 6 cycles of adjuvant chemotherapy (Gemzar and Abraxane) on 03/01/2019.

Important Notes:

- The letter **must** be printed on official medical practice letterhead
- The letter **must** be **signed** by the doctor
- All listed information is **required** to process financial aid
- We may contact your office to verify the information provided