

Physician Letter Certification of Diagnosis

Letterhead

Physician's Full Name
Address
Specialty
Medical License Number

Date

Dear Maryland Cancer Fund Coordinator:

This letter is to certify that _____ has been
Patient Name

diagnosed with _____, **on** _____ or
Type of Cancer Date of Diagnosis

is being treated for _____, and began treatment on
Type of Cancer
_____, or
Date Treatment began

has finding suggestive of _____ and needs to obtain a cancer diagnosis.
Type of Cancer

Sincerely,

Physician's Signature