



Financial Assistance for Cancer Treatment  
PO Box 624, Tiffin, OH 44883  
Phone: 419.937.2540  
Email: factsenecacounty@yahoo.com

## PHYSICIAN AUTHORIZATION FOR SERVICES

Your patient, \_\_\_\_\_ has applied for services from our organization. We need the following questions answered before we can provide our services.

Is he/she currently a patient of yours \_\_\_\_\_ Yes or \_\_\_\_\_ No

**Diagnosis Date:** \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Doctor Signature)

\_\_\_\_\_  
(Date)