



Multiple Sclerosis Foundation

Group Health and Wellness Grant DOCTOR'S CONFIRMATION FORM

Please fill out this form and take it to your doctor to sign and date. We will need your doctor to confirm your MS diagnosis, and to verify that you are able to participate in the program. This form needs to be returned to the company/Service provider or group instructor in order to attend the program.

Applicant's Name: _____
(Please print name & address)

Address: _____

Phone: _____ Email: _____

Type of Program: _____

Instructor's Name: _____

Doctor's Name: _____

Address: _____
(Please print name & address)

Phone: _____ Fax: _____

In order to process your program application, we are required to have a hard copy of your MS diagnosis on file. Please have your doctor fax this confirmation form along **with a copy of the doctor's letterhead or stamped with the doctor's office information and prescription** stating that you have been diagnosed with MS and are in need of the services that you are requesting.

Important: Doctor's Signature Required:

I can confirm that this patient has multiple sclerosis and is able to participate in this program.

(Doctor's Signature)

(Date)

All information obtained will be held in strict confidence and we will respect your privacy.