

(Insert Letterhead)

**Physician Letter  
Certification of Diagnosis**

Date

Physician's Full Name  
Address  
Specialty  
Medical License Number

Dear Maryland Cancer Fund Coordinator:

This letter is to certify that \_\_\_\_\_,  
(Patient Name)

has been diagnosed with \_\_\_\_\_, on \_\_\_\_\_.  
(Type of Cancer) (Date of Diagnosis)

**OR**

is being treated for \_\_\_\_\_, and began treatment on \_\_\_\_\_.  
(Type of Cancer) (Date of Treatment)

**OR**

has a finding suggestive of \_\_\_\_\_ and needs to obtain a cancer diagnosis.  
(Type of Cancer)

Sincerely,

Physician's Signature