



Office Use Only
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## Nutritional Supplement Application Form

Please complete the patient information and give to the Dietician or Physician on your health care team to complete the bottom section of the form. The American Cancer Society provided nutritional supplements to cancer patients who meet the eligibility requirements dependent upon supplemental availability. Due to limited supplies, the American Cancer Society strives to provide supplements to those who financially are not able to purchase the products on their own.

**Please contact our office at 913-432-3277 to pick up your supplements.**

I have been diagnosed with cancer and require assistance with nutritional supplements. Without this assistance from the American Cancer Society, buying nutritional supplements would create a financial hardship on myself and/or my family.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please print the following information.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Telephone No. \_\_\_\_\_ DOB \_\_\_\_\_

Dear Dietician or Physician:

The American Cancer Society will provide on case of nutritional supplement per month for three months, as available, to a patient whose Dietician or Physician recommends a nutritional supplement in conjunction with active cancer treatment. Please complete the following information if your patient is experiencing nutritional deficiencies related to cancer and/or cancer treatment side effects and you feel the patient would benefit from nutritional supplements. Please return the completed form to your patient who will forward it to the local American Cancer Society office.

If you have any questions regarding this program, you may contact your local unit of the American Cancer Society at 913-432-3277.

**\*\*Please return this application by fax to 913-432-1732 once physician's or other caregiver's signature is obtained\*\***

**Patient Eligibility Criteria- Must meet all criteria**

- Patient must be a resident of the Heartland Division (Nebraska, Kansas, Missouri, Oklahoma).
- Patient must be receiving active cancer treatment. Support or maintenance therapy such as tamoxifen and lupron is not considered active treatment.
- Patient must be experiencing nutritional deficiencies related to cancer, cancer treatment side effects (weight loss and/or proteinemia/albuminemia).
- Dietician or Physician must verify need and usefulness of nutritional supplement for patient.
- Patient could not buy nutritional supplement without creating a financial hardship on himself and/or family.

Type of Cancer \_\_\_\_\_ Treatment Starting Date \_\_\_\_\_ Treatment Ending Date \_\_\_\_\_

Dietician's or Physicians Signature \_\_\_\_\_ Telephone No. \_\_\_\_\_

Dietician's or Physician's Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)

Today's Date \_\_\_\_\_