

**LAFAYETTE COUNTY CANCER COALITION  
SUPPLEMENT ASSISTANCE FORM**

**In order to provide assistance to as many patients as possible, we will supply 4 cases of Ensure per patient.**

**Please submit this form with a doctor's signature for each additional request of 4 cases.**

I CERTIFY THAT \_\_\_\_\_ CURRENT DATE \_\_\_\_\_  
(Patient's Name)

\_\_\_\_\_  
(Patient's Complete Address) PHONE # \_\_\_\_\_

**IS A CANCER PATIENT UNDER MY CARE AND THEY NEED THE FOLLOWING SERVICES:**

ENSURE OR SIMILAR PRODUCT

DOCTOR'S NAME: \_\_\_\_\_  
(Please print)

DOCTOR'S SIGNATURE: \_\_\_\_\_

**RETURN COMPLETE FORM TO: LAFAYETTE COUNTY CANCER COALITION  
C/O LOIS WILEY, 402 W. 34<sup>TH</sup> ST, HIGGINSVILLE, MO 64037  
Questions?**

**PHONE Tom Wiley: 660-232-0590**

**Lois Wiley: 660-238-2060**

*please call to arrange to pick up supplements*

**(visit us on Facebook and on [www.lafcocancer.org](http://www.lafcocancer.org) for more information and other forms)**