



## HEALTHCARE PROVIDER – Diagnosis Confirmation

The Bridget Brigade Foundation, Inc. (BBF) is a charitable, tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. The BBF provides financial and care-related services to families with a critically ill child. You have received this form because a family is requesting assistance from the BBF. As part of our evaluation process, we need the patient’s attending physician to confirm the child’s diagnosis. Please complete the information below and mail to the address below. A copy of an “Authorization of Release of Healthcare Information” form sign by the parent/guardian is attached.

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Patient’s Name \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Patient’s Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Diagnosed Illness \_\_\_\_\_

Month & Year of Date Diagnosed \_\_\_\_\_

Brief Description of Treatment Required at this time or in near future:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Provider’s Name/Title (print) \_\_\_\_\_

Provider’s MA License # \_\_\_\_\_

Provider’s Phone \_\_\_\_\_ Fax \_\_\_\_\_

Affiliated Hospital \_\_\_\_\_

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\_\_\_\_\_  
**PROVIDER’S SIGNATURE**