

Patient Treatment Confirmation



Patient Contact Information:

Patient Name: _____

Address: _____

Phone: _____

Patient Diagnosis:

Do any of the below apply to your patient? Please check appropriate box:

Receiving Chemotherapy ____ Radiation ____

Recovering from Surgery ____

Coming home for Hospice ____

Type of cancer: _____

Approximate term of treatment: _____

Doctor Information:

Doctors Name: _____

Address: _____

Phone: _____

Email: _____

Thank you!!

www.ComforTree.org

Any questions please contact, Vici Prodromitis 908-319-0871 or vici@comfortree.org

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