Breast Cancer Solutions

Mailing Address: 25422 Trabuco Road #105-167, Lake Forest, CA 92630-2797
866.960.9222 (phone) ◆ 866.781.6068 (fax) ◆ www.breastcancersolutions.org

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

To: _____
Doctor, Medical Group or Agency Name

Address: _____

_____

_____

Phone: _____

I, _____, residing at _____
(your name) (your address)

_____

hereby authorize you to release to Breast Cancer Solutions non-profit organization (33-0765783) specific information requested by them which I cannot provide concerning my breast health and/or breast cancer treatment.

This information is needed to determine my eligibility for assistance from Breast Cancer Solutions. I have read this form and have agreed to its request prior to my signing.

_____ _____
Print Name Date

_____ _____
Signature of Applicant Date of Birth

Provide this form to the physician or other agency from whom you are requesting the release of information to Breast Cancer Solutions.