



Lend a Helping Hand

Serving Carle Place, Glen Cove, Hempstead, East Meadow, Mineola, Westbury and Uniondale

ALL INFORMATION WILL BE KEPT IN THE UTMOST CONFIDENCE.

DATE: _____

This letter is to certify that _____

Residing at _____

Is my patient, and is currently receiving treatment for Breast Cancer.

Office Authorization and Stamp