



Grant County Cancer Fund

Release of Information

(Please complete the information below.)

Name _____

Address _____

Date of Birth _____

Last four of Soc. Sec. # _____

Client Signature _____ Date _____

If you have any questions, I can be reached at (_____) _____

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FOR OFFICE USE ONLY

To: _____

Acct.# _____

*I have applied for assistance through the Grant County Cancer Fund and have been approved.
Please use this as my release to visit with them regarding my:*

- _____ Account
- _____ Schedule of Appointments
- _____ Pathology Report
- _____ Other medical procedures that may be related to my cancer.

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Grant County Cancer Board
PO Box 105
Milbank, SD 57252
605-432-6023

Funded by It Only Takes A Spark Cancer Walk

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