

## NFCR HOTLINE INFORMATION REQUEST FORM

Today's Date: \_\_\_\_\_

Inquiring individual: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Reason for inquiry: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Cancer Type: \_\_\_\_\_

Oncologist(s) Name: \_\_\_\_\_

FAX to 480-882-5005 or EMAIL to [joyce.schaffer@honorhealth.com](mailto:joyce.schaffer@honorhealth.com):

(please note all information must be in English)

- ┆ Information Request Form
- ┆ Treatment History – see attached
- ┆ Pathology Report(s)
- ┆ Report of most recent lab work