



THE MARTY LYONS FOUNDATION, INC.

326 West 48th St., New York, NY 10036
Tel: 212-977-9474 * Fax: 212-977-1752
Email: mlf_hq@martylyonsfoundation.org
Website: www.martylyonsfoundation.org

<h2>Physician's Information Form</h2>

(Please read reverse side of this form before completing)

Child's Name: _____ Birthdate: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Diagnosis: _____ Date of Diagnosis: _____

Current Treatment: _____

Comments: _____

Are you aware of Child's "Special Wish"?: _____

If the request is for a trip, when may child travel? _____

Does child require any special apparatus (e.g. wheelchair)? _____

Attending Physician's Name: _____

Hospital: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____