someday is today™ LEUKEMIA & LYMPHOMA SOCIETY® fighting blood cancers

FOR PATIENTS WITH LEUKEMIA, LYMPHOMA, MYELOMA OR OTHER BLOOD CANCERS

Please complete, or ask the patient to complete and send to the contact information below. Once received, we will send a packet of information and reach out to the patient. Information provided will remain confidential; however, names will be added to our patient access mailing list. For any questions, please contact the Information Resource Center at 1-800-955-4572.

Patient First Name: _____ Patient Last Name: _____

If minor, parent/guardian first and last name: _____

Phone Number: _____ Patient Zip Code: _____

Diagnosis: (Check one of the following)

- ❑ Acute Lymphocytic Leukemia
- ❑ Acute Myelogenous Leukemia
- ❑ Chronic Lymphocytic Leukemia
- ❑ Chronic Myelogenous Leukemia
- ❑ Myelodysplastic Syndrome
- ❑ Non-Hodgkin's Lymphoma
- ❑ Hodgkin's Disease
- ❑ Myeloma
- ❑ Waldenstrom's
- ❑ Other _____

Healthcare professional making the referral:

Name: _____ Phone: _____

Institution: _____

Additional Comments: _____

Patient confidentiality agreement:

To ensure patient privacy protection as part of the Health Insurance Portability and Accountability Act (HIPAA), & to provide patients with control over what personal information is used & disclosed, I, _____, agree to have the above information released to The Leukemia & Lymphoma Society.

_____ _____

Signature of Patient/Guardian Date

PLEASE FAX THIS BACK TO 914-821-3657
OR SCAN AND EMAIL TO
INFOCENTER@LLS.ORG