



*"Every Family Deserves a Legacy"*

PO Box 155 | Seneca, SC 29769

[InheritanceOfHope.org](http://InheritanceOfHope.org)

## Physician Letter

### BACKGROUND INFORMATION

Inheritance of Hope, a 501(c)(3) charity, is devoted to inspiring hope in young families facing the loss of a parent. In addition to offering resources, support communities, and online events, Inheritance of Hope hosts Legacy Retreats®, life-changing experiences where families create lifelong memories and receive tools to navigate the challenges of terminal illness. This physician letter is required for your patient's Legacy Retreat® application. To maximize impact for families facing the loss of a parent, we are currently pursuing additional partnership opportunities. For more information, please contact Stephen Poquette, Program Manager (970.581.0637).

### PATIENT INFORMATION

Full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Stage/Grade: \_\_\_\_\_

Because of this condition, are the patient's children facing the loss of their parent?  yes  no

Is the applicant well enough to travel?  yes  no If "no," still complete this form. We will work with you to plan the best experience possible based on all information in your application.

Restrictions of the applicant: \_\_\_\_\_

### DOCTOR INFORMATION

Doctor's name (print): \_\_\_\_\_

Office address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Doctor's signature: \_\_\_\_\_

Date: \_\_\_\_\_



Please upload this completed document with your Legacy Retreat® application, email to [Stephen@InheritanceOfHope.org](mailto:Stephen@InheritanceOfHope.org), or fax to 716.446.4673.