

Mikey G's



Foundation

Medical Acknowledgement

MUST BE SIGNED, WITNESSED AND DATED BY CHILD'S PHYSICIAN(S)

As the attending physician for _____,
Child's Name (Please Print)

I, _____ M.D., am familiar with the
Physician's Name (Please Print)

medical or physical condition of the above named child. I am of the professional opinion that this child has a diagnosis of _____ and has had this diagnosis for _____ period of time. This is a chronic condition that includes the following symptoms: _____
_____.

Physician's Signature _____

Print Name _____

Physician's ME Number _____

Date _____

Address _____

City _____ State _____ Zip Code _____

(_____) _____ (_____) _____

Physician's Phone #

Physician's FAX #