



Chasin A Dream Foundation, 305 Ocean Dunes Circle, Jupiter, FL 33477, Phone: 561-315-7005

Email form to: [lori@chasinadream.org](mailto:lori@chasinadream.org)

## ***Physician Certificate***

I certify that the patient: \_\_\_\_\_

is currently receiving treatment for: \_\_\_\_\_

Name of the hospital or treatment facility:

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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