

DIAGNOSIS VERIFICATION

TINY HERO: REAL HOPE FOR CDH

TINY HERO: REAL HOPE FOR CDH is a 501 c3 nonprofit organization that assists families with grants to help them with the cost of travel associated with the birth of their child. We require verification of the CDH diagnosis before we complete the grant process.

TO BE COMPLETED BY GRANT APPLICANT

NAME OF GRANT APPLICANT

ADDRESS

PHONE NUMBER

Please give this form to your doctor's office for completion. It must be signed and dated as well as returned to us directly by your doctor's office.

TO BE COMPLETED BY DIAGNOSING PHYSICIAN

I verify that _____ has received the following CDH diagnosis.

Applicant's Name

Physician's Name

Practice Name

E-Mail

Phone

Physician's Signature

Date

This form must be sent from the diagnosing physician's office to: Info@TinyHero.org

More Information:

5513 W 11000 N #235

Highland, UT 84003

801-361-7759 / www.tinyhero.org

THANK YOU FOR YOUR ASSISTANCE



TINYHERO