Deutsche Krebshilfe
HELFEN. FORSCHEN. INFORMIEREN.

Medical Certificate

For submission to the German Cancer Aid
(as an attachment to the "Application form for the Ukraine Aid Fund")

Patient data

First and last name: _____

Date of birth: _____

Patient/Case No.: _____

_____

Diagnosis with ICD classification: _____

_____

_____

_____

Title, first and last name: _____   Oncology center/Official stamp: _____
(in block letters)

Place and date: _____   Signature of the doctor: _____