Icing Smiles, Inc. Medical Eligibility Form

PARENT/GUARDIAN: If you selected the option to document your child's eligibility with a Medical Eligibility Form when completing the online application, please complete and sign the top section of this form and have your child's physician complete and sign the bottom section. The physician must be a licensed allopathic or osteopathic doctor of medicine who has direct knowledge of the child's medical condition. If you have not yet completed an application form, please do so at www.icingsmiles.org/receive-smile prior to submitting this form.

Child's Name (Patient) _____ Patient's Date of Birth _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

I authorize my child's physician to release the information requested on this form regarding my child's medical condition to Icing Smiles, Inc.

_____ _____ _____

Parent/Guardian Name Parent/Guardian Signature Date

PHYSICIAN: Please complete the information below for the patient identified above and indicate your determination by checking the appropriate box.

Physician Name _____ Hospital Affiliation _____

Phone Number _____ Email Address _____

Address _____

Patient's Diagnosis _____

☐ **Patient is eligible based on diagnosis.**
I am familiar with the patient's physical condition and will attest that he or she has a life-threatening medical condition that is considered progressive, degenerative, or malignant and that he or she is within 2 years of his or her most recent treatment.

☐ **Patient is eligible based on hospitalizations.**
I am familiar with the patient and will attest that he or she requires frequent or extended hospitalizations and is within 2 years of his or her last inpatient stay.

☐ **Patient is not eligible.**
I am familiar with patient's physical condition, and the patient is not medically eligible at this time.

_____ _____

Physician's Signature and Office Stamp Required Date

Please return completed form to Icing Smiles Eligibility Team
Via Email: eligibility@icingsmiles.org
Via Fax: 866-724-9389