

WELLNESS AND LONGEVITY

Fitness After Cancer Program

Physician Clearance and Referral: Wellness and Longevity

Participation in the Wellness and Longevity: Fitness After Cancer Program requires clearance from a doctor. This referral is valid for 6 months from date of signature.

TO BE COMPLETED BY YOUR DOCTOR

Yes, I give permission to _____
to participate in the Wellness and Longevity: Fitness After Cancer Program.

DIAGNOSIS

PHYSICIAN NAME

PRACTICE/HOSPITAL AFFILIATION

TELEPHONE NUMBER

SIGNATURE

DATE

INSTRUCTIONS TO PATIENT

Call 201-608-2266 or visit englewoodhealth.org/cancerfitness to sign up and bring this form to your introductory session.



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HEALTH