

# Alaina Kaitlyn Hahn Celebratory Scholarship For Students With Alagille Syndrome (ALGS)



## 2019 Diagnosis Verification Form

*Instructions for Scholarship Applicant: Please complete Part 1 below, and then ask your treating physician to complete Part 2. You must include this completed and signed form when you submit your scholarship application materials. Please print legibly.*

### **PART 1 (to be completed by Scholarship Applicant)**

Applicant name: \_\_\_\_\_

I give permission to Dr. \_\_\_\_\_ to complete Part 2 of this Diagnosis Verification Form. I further give permission to the Alagille Syndrome Alliance (ALGSA) to contact this physician to verify my diagnosis stated in Part 2 below.

Applicant signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

If Applicant is <18 years of age, I also give permission to the ALGSA or an agent working on the ALGSA's behalf to contact this physician to verify the Applicant's diagnosis.

Parent/guardian signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_ (if Applicant is <18 years of age)

### **PART 2 (to be completed by treating physician)**

Name of treating physician: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Medical Education (ME) number\*: \_\_\_\_\_

My patient, named as the Scholarship Applicant in Part 1 above, has the following rare disease diagnosis (name of rare disease): \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

\*A Medical Education (ME) number is a 10-digit number assigned to every physician in the United States by the American Medical Association for identification and recording of basic physician information.