



Cancer Support V.I.

Physician Verification Form

I am verifying that _____ (patient's name) has
a current diagnosis of cancer and is/will be receiving
_____ treatment related to cancer.

Physician's signature

Date

Sponsored by



International Capital & Management Company
Private Merchant Bankers

Phone 340-715-5806 • Fax 340-777-1303 •
9800 Buccaneer Mall • Suite 2B • Box 35 • St. Thomas • VI 00802
