alzheimer's association
the compassion to care, the leadership to conquer

St. Louis Chapter
9370 Olive Blvd., St. Louis, MO 63132-3214
(314) 432-3422 -- 24-hour Helpline (800) 272-3900
Fax: (314) 432-3824 -- www.alzstl.org
serving 38 counties in Missouri and Illinois

FAMILY SUPPORT FUND

PHYSICIAN'S STATEMENT

From: Primary Caregiver____

Patient____

Address____

City_______________________________State_________Zip__________

To: Physician____

Specialty___________________________Phone____________________

Address____

City_______________________________State_________Zip__________

In order to qualify for the Alzheimer's Association *Family Support Fund*, a diagnosis is required. **Eligibility is restricted to the following**: **probable Alzheimer's disease or a dementia related to one of the following: vascular (multi-infarct) disease, Binswanger's disease, Parkinson's disease, Creutzfeldt-Jacob disease, Pick's disease, Lewy Body disease and Huntington's disease.** Dementias related to other causes do not qualify.

DIAGNOSIS____DATE_________

PHYSICIAN'S SIGNATURE___________________________________**DATE**_________

Return completed form to the above address or fax number. Thanks!

Proud member of

United Way of Greater St. Louis