

Alaina Kaitlyn Hahn Celebratory Scholarship
for
Students with Alagille Syndrome (ALGS)



2017 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.