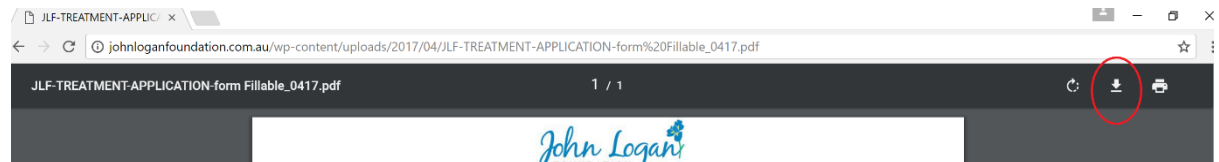


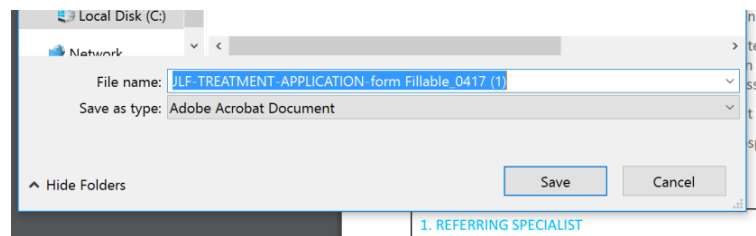
TREATMENT APPLICATION DOWNLOAD INSTRUCTIONS

Depending on which Internet browser you are using, please go to the relevant Internet browser section below and follow the steps. **NB Once downloaded please go to page 3 of this form to fill in the Treatment Application form.**

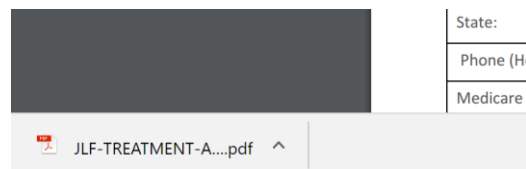
Google Chrome



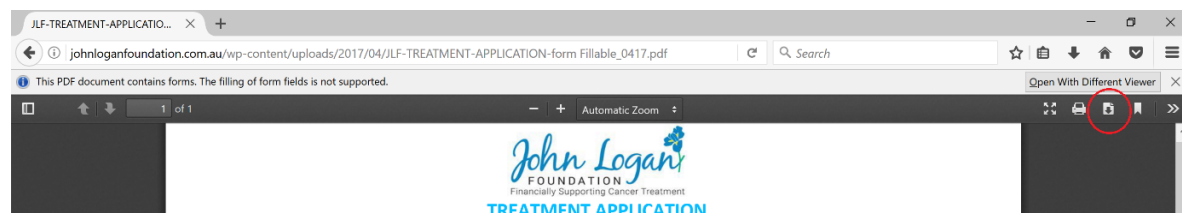
Once the form opens Click the download icon circled in red above, then click Save.



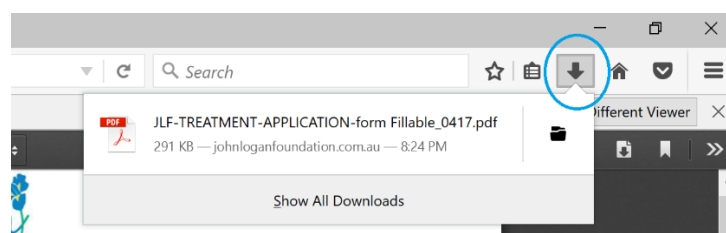
Now click on the .PDF file to open it and then fill it in, then click the submit button to send it via email.



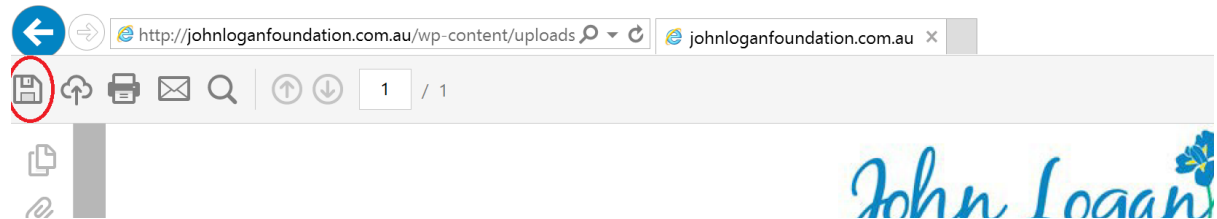
Firefox



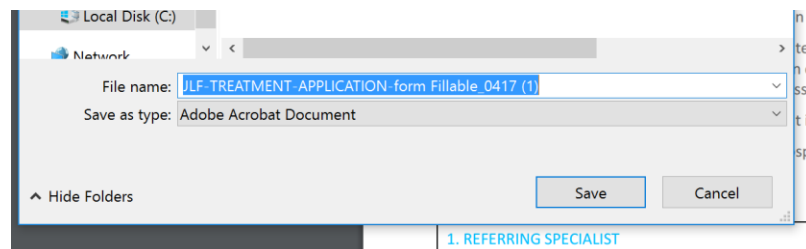
Once the form opens Click the download icon circled in red above. Then click the ok button to save the file, by clicking the down arrow circled in blue below you can open the downloaded .PDF file and fill it in. Then click the submit button to send it via email.



Internet Explorer

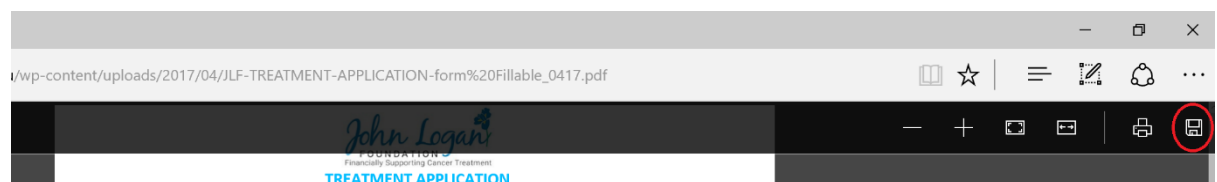


Once the form opens Click the Save icon circled in red above

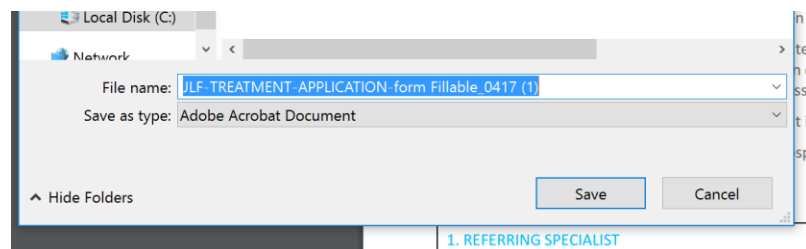


Then open the folder location, and click the .PDF file and fill it in and then click the submit button to send it via email.

Windows 10 Edge



Once the form opens Click the Save icon circled in red above, then click Save.



Then open the folder location, and click the .PDF file and fill it in and then click the submit button to send it via email.

TREATMENT APPLICATION

The John Logan Foundation (JLF) financially supports Australians living with cancer. We assist people by helping to fund treatments and procedures prescribed by a Medical Oncologist or Surgeon that are not available on the Pharmaceutical Benefit Scheme (PBS), that the patient is unable to fund themselves. To refer a patient, please complete this **fillable PDF form** once completed please click the SUBMIT button at the bottom of the form.

This application will be considered by the JLF appointed Medical Assessment Panel. The assessment process will take no longer than TEN business days so that treatment can commence as soon as possible. Following receipt of this patient Referral form, JLF will send the patient a Financial Assessment form to complete.

Each application is processed individually. All patient information supplied will remain private and confidential.

Payments for treatment are made directly to the hospital or pharmacy provider, as required.

Please complete ALL areas of this form.

1. REFERRING SPECIALIST			
Provider Number:		Position held:	
First Name:		Last Name:	
Phone Work:		Hospital Name:	
Mobile:		Email:	
2. PATIENT DETAILS			
First Name:		Last Name:	
Second Name:		Date of Birth:	
Address Number:		Address Line 1:	
Address Line 2:		City:	
State:		Post Code:	
Phone (Home):		Mobile:	
Medicare Number:		Contact Email:	
3. NEXT OF KIN			
First Name:		Last Name:	
Phone (Home):		Mobile:	
4. PATIENT CONDITION			
Condition:		Stage:	
		Date of Diagnosis:	
Prior Treatment 1 st Line:		Prior Treatment 2 nd Line:	
Post Treatment Results 1 st Line:		Post Treatment Results 2 nd Line:	
New Medication Required:		Commencing:	
Patient History / Comments if applicable:			