

## Patient Guide Authorization Form

Dear Physician:

We appreciate the opportunity to collaborate with your practice to increase ovarian cancer awareness. As part of Precision Therapeutics' continuing efforts to educate patients, we have created 2 *Patient Guides* to help women recognize their body's individual characteristics and distinctive symptoms, and to better understand ovarian cancer and the available treatments. By helping patients identify and communicate significant symptoms with physicians, we hope to possibly assist them in obtaining earlier diagnosis of ovarian cancer.

If you would like to have these guides displayed and distributed at your practice, please fill out the information below, check the applicable boxes, and sign and email the completed form to [patientbooks@precisiontherapeutics.com](mailto:patientbooks@precisiontherapeutics.com) or send via fax to **1-800-549-6407**.

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**SPECIALTY:** \_\_\_\_\_

**WEB SITE:** \_\_\_\_\_

**EMAIL (FOR INTERNAL USE ONLY):** \_\_\_\_\_

### AUTHORIZATION

**Yes**, I would like to order the *Patient Guide to Understanding Symptoms* provided by Precision Therapeutics.

**Yes**, I would like to order the *Patient Guide to Understanding & Facing Ovarian Cancer* provided by Precision Therapeutics.

**PHYSICIAN SIGNATURE:** \_\_\_\_\_