Multiple Sclerosis Foundation

Group - Health and Wellness Grant
Multiple Sclerosis Diagnosis Request Form

In order to process your application, a written confirmation of your MS diagnosis on the doctor's letterhead must be provided. This confirmation must also state that you are able to participate in the type of activity you are requesting and must be signed and dated by your neurologist/doctor. Please return this information with your completed application to the company/service provider or group instructor in order to attend the program.

This information can be emailed, faxed, or mailed to us at:

Multiple Sclerosis Foundation
6520 North Andrews Avenue
Fort Lauderdale, Florida 33309-2132

Fax to: 954-351-0630

email to: support@msfocus.org

Applicant's Name: _____ _____
(Please print name) (Date of birth)

Address: _____
(City) (State) (Zip code)

Phone: _____ Cell: _____

Email: _____

Type of activity requested: _____

_____ _____
(Applicant signature) (Date)

Doctor's Name _____
(Please print name)

Phone: _____ Fax: _____

All information obtained will be held in strict confidence and we will respect your privacy.