To Whom It May Concern

RE: Medical verification of stage 4 cancer diagnosis (metastatic &/or advanced stage &/or multiple locations &/or poor outlook)

I am applying for a TimeOut Stay through TimeOut Charitable Trust. They connect holiday homeowners with individuals diagnosed with stage 4 cancer or an incurable illness, so they can take a much-needed break with family & friends. As part of the application process, I am required to provide medical confirmation of my eligibility. I would appreciate it if you could complete and sign the section below to confirm my diagnosis.

To be completed by a registered medical practitioner, registered nurse practitioner or registered nurse.

Patient's Full Name: ……..

Patient's Date of Birth: ……..

Patient's NHI: …….

I, ……
[Full Name of Registered Practitioner]

Confirm that:

- I am the supporting **registered medical practitioner / registered nurse practitioner / registered nurse** (*please circle one*) of the above-named patient.
- The patient has been diagnosed with **stage 4 cancer** (metastatic &/or advanced stage &/or multiple locations &/or poor outlook)

Registered Practitioner's Signature: ……. **Date:** ……

Practice Name: …….

Practice Address: …….

Thank you for your time and support.