crohn's colitis canada | crohn colite canada

AbbVie IBD Scholarship Program
Brought to you by Crohn's and Colitis Canada

In partnership with abbvie

ABBVIE IBD SCHOLARSHIP PROOF OF DIAGNOSIS FORM

This section to be completed by Scholarship Applicant

Applicant Name: _____

Health Care Provider Name: _____

Hospital or Clinic Name: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Office telephone: _____

Health Care Provider E-mail: _____

This section to be completed by Health Care Provider

Please provide a brief summary of the applicant's medical history as it relates to their diagnosis of inflammatory bowel disease.

I certify that this applicant is under my medical care and has been diagnosed with:

- ☐ Crohn's disease
- ☐ Ulcerative colitis
- ☐ Or another form of inflammatory bowel disease

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☐ By checking this box, you consent for Crohn's and Colitis Canada to add your name to AbbVie's list of referring physicians to this scholarship program.

Signature: _____ Date: _____/_____/_____

Credentials: _____