



# CANCER SERVICES

## PHYSICIAN APPROVAL POPIn Pilates Exercise Class for Cancer Survivors

\_\_\_\_\_ is requesting approval to participate in Cancer Services POPIn Pilates Exercise Class to be held at **Cancer Services Inc., 550 Lobdell Ave. Baton Rouge, LA. 70806**

### Please Check Appropriate Response

- \_\_\_\_\_ I **agree** with my patient's participation in the POPIn Pilates class.
- \_\_\_\_\_ I **do not agree** with my patient's participation in the POPIn Pilates class.
- \_\_\_\_\_ I **need more information** before making a decision regarding participation.

Comments:

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\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician or Authorized Signature

\_\_\_\_\_  
Date

Please fax or mail to the address below. If there are any questions, please contact Cancer Services at (225) 927-2273.

**Cancer Services, Inc.**  
**550 Lobdell Avenue**  
**Baton Rouge, LA 70806**  
**Phone: (225) 927-2273 Fax: (225) 927-1468**