



# NORTHWEST PEDIATRIC GASTROENTEROLOGY

## Legacy Emanuel Campus

Medical Plaza Building  
300 N. Graham St., Suite 420  
Portland, OR 97227

Phone: (503) 281-5139 Fax: (503) 249-3782

Providence St. Vincent's Campus  
Mother Joseph Plaza  
9427 SW Barnes Rd., Suite 598  
Portland, OR 97225

Date: 3/8/16

This is to verify that Jacob Butcher is under the care of  
Dr. Wilson. This patient is receiving ongoing care for  
the diagnosis Neuroendocrine Tumor

**Related to the diagnosis and treatment of the above referenced patient, the following special considerations are relevant:**

- Frequent absences due to illness/hospitalization/appointments.
- Please provide resources available for tutoring.
- Frequent use of the bathroom.
- Unrestricted bathroom use.
- Please provide a private bathroom.
- Special dietary considerations: \_\_\_\_\_
- Must take medications at school: \_\_\_\_\_
  
- Has physical limitations:
  - Please excuse from physical education classes for the remainder of the year.
  - Allow participation as he/she is able on any given day.
  - Other: \_\_\_\_\_

Other Consideration: Jacob was going through testing and treatment. Please excuse the first semester of school

Print name of physician or healthcare provider:  
Signature: AS

I, Dr. [Signature], do hereby declare that \_\_\_\_\_

Authorized Signature

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- Has physical limitations:
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  - Allow participation as he/she is able on any given day.
  - Other: \_\_\_\_\_

I, Dr. [Signature], do hereby declare that \_\_\_\_\_