



NORTHWEST PEDIATRIC GASTROENTEROLOGY

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

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

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

Date: 3/8/16

This is to verify that Jacob Butcher is under the care of
Dr. Wokson. 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

Parent/Guardian Signature: _____

Authorized Signature

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