



A Ministry of St. Demetrios Greek Orthodox Church

Dear Physician,

_____ is applying to stay at Philoxenia House, Seattle during their treatment. Please state the anticipated start and end date of treatment. This will facilitate the application process and help secure a place to stay during their treatment

Facility: _____

Start date of treatment: _____ / _____ / _____

End date of treatment: _____ / _____ / _____

Name: _____

Signed: _____

Date: _____