



PROSTATE CLUB FOR MEN

Doctor Visit
Verification

Please take this form to your doctor's appointment and ask your doctor to sign it. A completed form must be presented if you are selected for a Prostate Club prize.

I verify that _____ discussed
prostate cancer and early detection testing with me
on ____/____/____.

Physician Name (please print)

Physician Signature

Failure to return a valid, completed verification form within 10 days of notification that you have been selected for a prize makes you ineligible for that particular prize, upon which time another name will be selected. Upcoming prize drawings will be announced at ProstateClub.com and will occur periodically, at least once a month. Please do not return the form if you are not selected for a prize.