

# Request for Cervical Cancer Screening Histories

1. Enter your contact information.
2. Complete the first 3 columns (name, PHIN and birth date).
3. Fax the completed form to CervixCheck at **204-779-5748**.
4. CervixCheck will fax back this form and the screening histories to the requesting clinic.

\*Clinic name: \_\_\_\_\_

\*Contact name: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Phone number: \_\_\_\_\_

\*Fax number: \_\_\_\_\_

\*Required fields.

*NAME	*PHIN	*BIRTH DATE (YYYY/MM/DD)	SCREENING HISTORY FOR OFFICE USE ONLY

X-FORM-SCREENING-HISTORY 2021.07