

Completed Colposcopy Record Form Request

Alberta Cervical Cancer Screening Program**Provincial Population and Public Health**

Alberta Health Services

Holy Cross Centre, 2210 – 2nd Street S.W.

Calgary, AB T2S 3C3

Telephone Toll free: 1-866-PAP-EXAM (1-866-727-3926) Fax: 403-355-3289 Toll Free Fax: 1-888-944-3388

Web Site: www.albertahealthservices.ca www.screeningforlife.ca

Please complete the following information below to request a completed Colposcopy Record that was submitted to the Alberta Cervical Cancer Screening Program.

Clinic Requesting Report

Name of Clinic _____ Telephone Number _____

Fax Number _____ Contact Person _____

Requesting Physician _____

Patient Information:

Last Name _____ First Name _____

Alberta Health Care Number _____

Date of Colposcopy Exam _____
Year Month Day

Colposcopy Clinic _____

Signature _____

***Please note that this must be signed in order to receive a copy*.**

Please fax completed form to 403-355-3289 or Toll Free 1-888-944-3388

Confidential: This communication is intended only for the individual or institution to which it is addressed and should not be distributed, copied, or disclosed to anyone else. The document(s) in this communication may contain personal, confidential, or privileged Information, which may be subject to the Freedom of Information and Protection of Privacy Act, the Health Information Act and other legislation. If you have received this communication in error, please notify the sender immediately. Thank you for your cooperation and assistance.