

Radiology Clinic Stationary Order Form

(for use with ABCSP Women's Result Letters only)

Radiology Clinic _____			
Contact Person _____			
Ship to Address _____			
Any change in your clinics address or information? Yes <input type="checkbox"/> No <input type="checkbox"/>		City _____	Postal Code _____
Phone _____	Fax _____	Email _____	

Quantity

Letterhead _____ Pkg(s) of 500 Envelopes _____ Box(s) of 500

<input type="checkbox"/> AMIHA <input type="checkbox"/> BGSA <input type="checkbox"/> Breast Centre Radiology <input type="checkbox"/> Breast Imaging Radiology (MIC) <input type="checkbox"/> Century Park <input type="checkbox"/> Hys Centre <input type="checkbox"/> Namao Centre <input type="checkbox"/> Summit Centre <input type="checkbox"/> Synergy Wellness <input type="checkbox"/> Tawa Centre <input type="checkbox"/> Terra Losa <input type="checkbox"/> Canada Diagnostic Centre – Calgary <input type="checkbox"/> Westhills <input type="checkbox"/> Glenmore Landing <input type="checkbox"/> Okotoks <input type="checkbox"/> Pacific Place <input type="checkbox"/> Sunridge <input type="checkbox"/> Symons Valley <input type="checkbox"/> Calgary Women's Imaging <input type="checkbox"/> Canada Diagnostic Centre – Edmonton <input type="checkbox"/> MIRA <input type="checkbox"/> Northtown <input type="checkbox"/> Westgate <input type="checkbox"/> Sherwood Park <input type="checkbox"/> Central Alberta Imaging (CAMIS) <input type="checkbox"/> CGA Medical Imaging <input type="checkbox"/> Devon X-ray	<input type="checkbox"/> EFW Radiology <input type="checkbox"/> Glenwood Radiology <input type="checkbox"/> Insight Medical Imaging <input type="checkbox"/> Peace Diagnostic Imaging <input type="checkbox"/> Peace River Community Health <input type="checkbox"/> Pureform Diagnostics <input type="checkbox"/> Mayfair Diagnostics <input type="checkbox"/> Phillips Park <input type="checkbox"/> Aspen Landing <input type="checkbox"/> The Core <input type="checkbox"/> Castle Ridge <input type="checkbox"/> Crowfoot <input type="checkbox"/> Market Mall <input type="checkbox"/> Mayfair Place <input type="checkbox"/> Riley Park <input type="checkbox"/> South Centre <input type="checkbox"/> Sunpark <input type="checkbox"/> Westbrook <input type="checkbox"/> Lloydminster <input type="checkbox"/> Radiology Associates Inc <input type="checkbox"/> Ross Creek Medical Imaging <input type="checkbox"/> The X-ray Clinic at Northgate <input type="checkbox"/> Veritas
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Estimated Ship Date _____	Order Date _____	Confirmation # _____
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Please allow 30 business days for order and delivery

PLEASE FAX YOUR ORDER TO:
 ALBERTA BREAST CANCER SCREENING PROGRAM
 FAX: (403) 355-3289

Inquiries call toll free: 1-866-727-3926

