

Completed Colposcopy Record Form Request

Alberta Cervical Cancer Screening Program

Health Promotion Disease/Injury Prevention

Population and Public Health

Alberta Health Services

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

Calgary, AB T2S 3C3

Telephone: 403-355-3253 Fax: 403-355-3289 Toll free: 1-866-PAP-EXAM (1-866-727-3926)

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

Please complete the following information below to request a completed Alberta Colposcopy Report 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

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