

Blank Colposcopy Record Order Form

Please send _____ pkg(s) of blank Colposcopy Record forms to:

**Note: Reports come in packages of 100 and are duplicates.*

Clinic:	
Address:	
Contact Person:	
Phone Number:	
Email (optional):	

Please allow 10 business days for order and delivery.

Please fax your order to:

Alberta Cervical Cancer Screening Program (ACCSP)

Fax: 403-355-3289

For inquiries, call toll free: 1-866-727-3926

Order forms available [here](#)