CancerCare Manitoba
CervixCheck

Request for Cervical Screening Histories

1. Complete the contact information and the first 3 columns (name, PHIN and birth date).
2. Fax the form to CervixCheck at **204-779-5748**.
3. CervixCheck will fax back this form and the screening histories to the requesting clinic.
4. Call 204-788-8626 or toll free at 1-866-616-8805 with any questions.

Clinic name: _____

Contact name: _____ **Date:** _____

Phone: _____ **Fax:** _____

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

GetCheckedManitoba.ca

CervixCheck, CancerCare Manitoba
P: 204-788-8626
Toll free: 1-866-616-8805
F: 204-779-5748