

Screen Test Resource Order Form

Please complete and fax to 780-643-4679

Contact Person:	First Name:	Last Name:
Organization/Clinic:		
Send to:	Mailing Address:	
	City, Province:	
	Postal Code:	
Contact:	Phone:	E-Mail:

SCREEN TEST RESOURCES:	10	25	50	Other
Mobile Poster (8.5x14", preprinted with dates/site, phone number tear-offs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
E-Poster (emailed to you, PDF to print, 8.5x11", JPEG for social media posts)	<input type="radio"/> PDF	<input type="radio"/> JPEG		
Leaflet (2 per page, preprinted with dates/sites and breast health information)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Physician Referral Form (1 master to copy) -or download/print as needed from http://www.albertahealthservices.ca/frm-20078.pdf	<input type="radio"/> 1 master copy			
Screen Test Phone Number Magnet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Your Screen Test Appointment Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Breast Health Wheel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
CANCER SCREENING RESOURCES:	10	25	50	Other
Breast Screening: Do I Really Need a Mammogram? - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Making Sense of Abnormal Results - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
The Basics of Breast Cancer - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
NEW Breast Density FAQs for Healthcare Providers - Infosheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Should I have a Screening Mammogram? - Poster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Cervical Screening: Do I Really Need a Pap Test? - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
HPV – What You Need to Know and Do - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Making Sense of Abnormal Pap Test Results - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Colorectal Screening: Common Questions - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Fecal Immunochemical Test (FIT) Instructions - Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Other: Cancer Screening Programs: Preventing & Detecting Cancer Early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

For a complete listing of Breast, Cervical and Colorectal Cancer resources visit www.screeningforlife.ca

For Office Use:

Received Date:	Order Sent Date:
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