



ScreenWise Enrollment/Results Contact Information

(Please keep us informed of any contact changes)

Date: _____

Organization: _____ Site Name: _____

Manager/Administrator: (Primary point of contact for ScreenWise Breast and Cervical Cancer Screening)

Full Name: _____ Title/Position: _____

Direct Phone & Ext.: _____

E-mail: _____

Enrollment Contact Person:

Full Name: _____ Title/Position: _____

Direct Phone & Ext.: _____

E-mail: _____

Results Contact Person:

Full Name: _____ Title/Position: _____

Direct Phone & Ext.: _____

E-mail: _____

Please FAX completed form to: **971-673-0997**
Or email to: screenwise.info@odhsoha.oregon.gov

FOR SCREENWISE/BCC OFFICE USE ONLY:

ORG #	_____	SITE #1	_____
CONTACTS #	_____	SITE #2	_____
CONTACTS #	_____	SITE #3	_____
CONTACTS #	_____	SITE #4	_____
FIPS	_____	SITE #5	_____
MAIL CODE	_____	SITE #6	_____