

## SCREENWISE ENROLLMENT/RESULTS CONTACT INFORMATION

DATE: \_\_\_\_\_ NAME OF AGENCY: \_\_\_\_\_

ENROLLMENT CONTACT PERSON: \_\_\_\_\_

EMAIL

ADDRESS: \_\_\_\_\_

PHONE

NUMBER: \_\_\_\_\_

IMAGING/TEST RESULTS CONTACT PERSON:

\_\_\_\_\_

EMAIL

ADDRESS: \_\_\_\_\_

PHONE

NUMBER: \_\_\_\_\_

Please fax completed form to **971-673-0997** or  
e-mail to [screenwise.info@dhsosha.state.or.us](mailto:screenwise.info@dhsosha.state.or.us)

**Questions? Please call 971-673-1060**