



# Oregon ScreenWise Program

971-673-0581 • [ScreenWise.info@dhs.oh.state.or.us](mailto:ScreenWise.info@dhs.oh.state.or.us)  
[www.healthoregon.org/screenwise](http://www.healthoregon.org/screenwise)

## ScreenWise Medical Advisory Committee – Request for Clinical Exception

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### Provider Information:

Clinic Site: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Contact phone: \_\_\_\_\_

Provider Contact email: \_\_\_\_\_

### ScreenWise Patient Information:

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

### Proposed Services Ordered, including Diagnosis Code(s) and CPT code(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Clinical Notes in Support of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note:** ScreenWise may request copies of patient medical records in order to process this request.

ScreenWise Email: [ScreenWise.info@dhs.oh.state.or.us](mailto:ScreenWise.info@dhs.oh.state.or.us)