

Request for a Colorectal Cancer Screening History

1. Complete the Patient Information and Provider Information sections below.
2. Fax to ColonCheck at 204-774-0341.
3. ColonCheck will respond via fax.

DATE OF REQUEST: _____

PATIENT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

PHIN

PROVIDER INFORMATION

PROVIDER FIRST NAME

PROVIDER LAST NAME

CLINIC NAME

CLINIC PHONE

CLINIC FAX

FOR OFFICE USE ONLY

COLORECTAL CANCER SCREENING HISTORY

DATE

Fecal occult blood test (6-sample FOBT)

Fecal immunochemical test (1-sample FIT)

Colonoscopy

See the [ColonCheck Screening Guidelines](#) to determine when patient is due for their next screening available at cancercare.mb.ca/screening/hcp.

P: 1-855-95-CHECK | F: 204-774-0341

ColonCheck@cancercare.mb.ca
cancercare.mb.ca/screening/hcp