


## Provincial Cervical Cancer Screening Service Appointment Request Form

*Fields marked with a red star (\*) are mandatory*

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

\*PHN: \_\_\_\_\_  
 PEI Health Card Number (8 digits)

Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
Year(yyyy) Month(mm)

\*Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

**Preferred Method of Communication (Monday to Friday daytime) (check one):**

- Home Phone       Work Phone       Mobile Phone       Email

**Preferred Clinic Location (check one):**

- Eastern Kings Health Centre, Souris  
 Tignish Health Centre, Tignish  
 O'Leary Health Centre, O'Leary  
 Harbourside Health Centre, Summerside  
 Sherwood Medical Centre, Charlottetown  
 Montague Health Centre, Montague

Preferred Clinic Date (if known): \_\_\_\_\_

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**Important Note:** Email is not, by its nature, a secure medium; if you chose to provide your email address, information about your appointment request will be transmitted over the public internet to your email box.

**Privacy Statement:** The personal information collected from you for the provincial Cervical Cancer Screening Service is collected for the purpose of assisting you to book a Pap test with a nurse or nurse practitioner. The information will not be used for anything else and is collected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions about this collection of your personal information you may contact the Privacy and Information Access Coordinator at (902) 368-4942.