PEACE MEDICAL CENTRE

Dr. Sabdat Musa, MD (she/her), CCFP

105-191 McNaughton Road East, Vaughan, ON L6A-4E2

Tel: 905-303-1770 Fax:905-303-1727

Cervical Cancer Screening

PATIENT INFORMATION

Last Name:_____ First Name: _____

DOB (DD/MM/YYYY):_____

Gender: _____

Tel: _____

Address: _____

OHIP: _____

PLEASE INCLUDE:

Last Pap Date ☐ _____

Last Menstrual Period ☐ _____

REFERRING PHSICIAN INFORMATION

Name: _____ Billing Number: _____

Address: _____

Tel: _____ Fax: _____

Dr. Musa will notify the patient if the results are abnormal