



AWC! Clinical Forms and Supply Order Form

Please reorder BEFORE you run out. Allow 2 weeks for forms and encounter labels.

Fill out form and click "Submit Form" or print and fax to 605-773-8104.

Quantity

_____ Visit Form (purple)

_____ PAP/HPV Summary Form (blue)

_____ Mammogram Summary (pink)

_____ Encounter Labels: Clinic's 3 letter code _____ Last number used _____

Mail to (include contact name):
