



**Montana Cancer Screening Program**  
Central Montana Family Planning  
505 W Main Street, Suite 108  
Lewistown, MT 59457  
Phone/Fax: 406.535.8811

Please fill out this form and return it with your Eligibility and Enrollment form.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

May we leave a message about your appointments at this number?  YES  NO

What provider (doctor, nurse practitioner, physician's assistant) would you like to see for your annual visit? (In order for MCSP to cover the cost of your mammogram you must see a provider for a clinical breast exam even if you are not due for a pelvic/Pap this year.) \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Have you had a hysterectomy?  YES  NO

If "Yes", was it due to cervical cancer?  YES  NO

If "Yes", do you still have your cervix?  YES  NO

Have you ever had a mammogram?  YES  NO

At which facility would you prefer to have your mammogram (*please check one*):

Benefis West, Great Falls

Billings Clinic Downtown

Billings Clinic West End

CMMC Lewistown

Rocky Mountain Breast Center, Great Falls

Yellowstone Breast Center/St. Vincent's Healthcare

What is your schedule (*we will attempt to schedule your appointments to fit*)?

Which days of the week are best for your appointments (Monday – Friday)? \_\_\_\_\_

Mammogram and office visit on the same day?  YES  NO

Mornings OR  Afternoons

What dates (if any) should **not** be scheduled? \_\_\_\_\_

***Thank you for taking the time to fill out our questionnaire. Please return this form with your signed enrollment form. In approximately 2 weeks, one of our MCSP staff will contact you with your appointment dates and times. If we leave a message, please call us and confirm your appointments because we will not send your authorization voucher until we hear from you. If you prefer to schedule your own appointments, please include that information on this form.***