



BC3NP – FAX TRANSMISSION

Date: _____ MBCIS # _____

To: BC3NP Staff
Fax: (517) 763-0290

IMPORTANT – Fax required documents to MDHHS:

- BC3NP **ENROLLMENT** form

- Breast & Cervical **SCREENING** Form
 - Office Visit Notes
 - CBE Results
 - Mammogram Results
 - Ultrasound Results
 - MRI Results
 - Pelvic Results
 - Pap Test Results
 - HPV Test Results

- Breast & Cervical **FOLLOW-UP** Form
 - Dx Mamm Results
 - Dx Ultrasound Results
 - Dx MRI Results
 - Other Breast Dx
 - Breast Consult Notes
 - Colposcopy (57452)
 - Colp w/ Bx (57455)
 - Colp w/ ECC (57456)
 - Colp w/ Bx & ECC (57454)
 - Other Cervical Dx
 - Cervical Consult Notes

- Other / Comments _____

Please remember that every form should contain the client’s **NAME** and a **DATE of Service (DOS)**.