



Use evidence-based methods to motivate more patients to get screened.

Cancer Care Ontario is inviting you to participate in physician-linked correspondence for Ontario's cancer screening programs.

With your enrolment in physician-linked correspondence, your screen-eligible patients will receive ColonCancerCheck letters sent on your behalf. In the future, letters will be sent on your behalf from the Ontario Breast Screening Program and Ontario Cervical Screening Program. All letters are sent according to current evidence-based screening guidelines, which are subject to change.

You can withdraw from physician-linked correspondence for one or more screening programs at any time; for instructions on how to withdraw please call 1-866-662-9233 or email screenforlife@cancercare.on.ca. For more information, including samples of the wording in the letters sent to your patients, please read our questions and answers available at cancercare.on.ca/pcresources or call us at 1-866-662-9233.

Enrol today!

FORM COMPLETION INFORMATION

- To participate, **complete this form and submit it:**
 - by fax to 1-866-682-9534;
 - by email to screenforlife@cancercare.on.ca; or
 - by mail to Cancer Screening Contact Centre, Cancer Care Ontario, 18-505 University Avenue, Toronto, Ontario M5G 1X3.
- An asterisk (*) denotes a mandatory field.
- Contact information must be for your office/practice listed with the College of Physicians and Surgeons of Ontario (CPSO); please do not use your personal contact information. The email, phone number or fax number you provide will be used to contact you regarding all matters related to physician-linked correspondence. Please ensure your information is also updated with CPSO.

1 – PEM PHYSICIAN INFORMATION					
Note: Examples of PEM physicians are members of Family Health Groups (FHGs), Family Health Networks (FHNs), and Family Health Organizations (FHOs).					
Legal First Name*		Office Email			
Legal Last Name*		Office Phone		Ext.	
CPSO Number*		Office Fax Number			
2 - SIGNATURE					
Note: Must be physician's signature. Delegate cannot sign for physician.					
Signature*					
Date*	DD:		MM:		YYYY:

To improve our outreach efforts, please tell us what prompted you to sign up for physician-linked correspondence:
