

Cervical Cytology Registry (CCR) - WA



Change of name and address form

The Cervical Cytology Registry (CCR) requires your correct and current details in order to provide you with the best service possible and send you Pap smear reminder letters, should you become overdue. Please alert us to any changes in your details. Use a ballpoint pen and print clearly in BLOCK letters.

CCR Client ID number (if known): _____

Medicare number: _____

Date of birth: _____

Current family name: _____

Previous family name: _____

Current given name(s): _____

Previous given name(s): _____

Current residential address: _____
_____ Post code: _____

Previous residential address: _____
_____ Post Code _____

Current postal address: _____
_____ Post code: _____

Previous postal address: _____
_____ Post code: _____

Send this form to:
Cervical Cytology Registry of WA
WA Cervical Cancer Prevention Program
Reply Paid 67971
Perth WA 6000

or

Fax:
Cervical Cytology Registry of WA
08 9323 6711

Should you have any queries please do not hesitate to contact the CCR on 13 15 56.