

**Questar III**  
**Verification of Cancer Screening Appointment**  
**(Return completed form to your attendance representative.)**

**To be completed by Employee:**

**Employee Name:**

**Date of Birth:**

**Address:**

**Phone Number:**

This is to verify that I appeared

at: \_\_\_\_\_ *(Name of Facility)*

on: \_\_\_\_\_ *(Date)*

at: \_\_\_\_\_ *(Time)*

**To be completed by a representative of  
the Screening Facility:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Physician Stamp: \_\_\_\_\_