



# OREGON HEALTH AUTHORITY

## ScreenWise Medical Advisory Committee – Request for Clinical Exception

---

Date: \_\_\_\_\_

### Ordering Provider Information:

Clinic Site: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Contact phone: \_\_\_\_\_

Provider Contact email: \_\_\_\_\_

### ScreenWise Patient Information:

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Referred to: \_\_\_\_\_

### Proposed Services Ordered, including Diagnosis Code(s) and CPT code(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Clinical Notes in Support of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Oregon ScreenWise Program

971-673-0581

[ScreenWise.Info@odhsoha.oregon.gov](mailto:ScreenWise.Info@odhsoha.oregon.gov)

[www.healthoregon.gov/oha/screenwise](http://www.healthoregon.gov/oha/screenwise)

**\*Note:** ScreenWise may request copies of patient medical records to process this request.