

Community Health Awareness Oklahoma

1515 N. Classen Blvd, Oklahoma City, Ok 73106
405-604-0204 off 405-604-0380 fax

PAP PROCESSING AGREEMENT

Service Statement

_____, I authorize **Community Health Awareness Oklahoma**, through its employee and or agents, to process application and handle shipments of **PAP** products properly labeled and prepackaged from the Pharmaceutical Company for your Patient. We track and document all shipment and deliveries via **USPS**.

Doctors Signature Required

_____ Date _____

Patient Signature Required

_____ Date _____

Community Health Awareness Staff

_____ Date _____