

**Missouri Cancer Registry
Surgery Center and Dermatology
Office Directory Update Form**

PO Box 718
Columbia MO 65205

Fax: (573) 884 9655
Toll free: (866) 240-8809
Email: ecclestond@health.missouri.edu
Website: http://mcr.umh.edu

Facility # (FIN): _____

Entered by: _____

Date: _____

For MCR Use Only

ADMINISTRATIVE FACILITY INFORMATION

Reporting Facility/Physician Name:		Address (Street or PO Box):	
City, State, Zipcode		Main Phone and Fax:	NPI Number:
Administrator (with title & credentials):		Department:	Phone:
Main contact:		Title:	Department:
Main Contact Phone:	Main Contact Fax:	Main Contact Email:	
Alternate contact: (please include title and department)		Alternate contact phone:	Alternate contact email:

FACILITY-SPECIFIC INFORMATION

How does your Information System retrieve diagnostic information?
(Check all that apply)

- ICD-9 CPT
 Free text Other _____
 SNOMED

What software vendor do you use?

How many cases of melanoma were diagnosed or treated in your facility during the following years:

2000 _____
2001 _____
2002 _____

List all pathology labs your facility uses:

Comments: