

Consent for Breast Screening

- I have no current breast symptoms
- I have read and understood the attached breast screening information and I have had sufficient time to ask questions
- I am happy to proceed with my breast screening examination
- I understand that any previous Mammograms I may have had will be requested for evaluation
Date of previous mammogram
- Where examination took place
- I understand that a copy of the results of my mammogram will be sent to my GP
- I understand that if further tests are required I must contact my GP as this service does not include further evaluation
- I consent to screening information being collated and used in clinical audit

Signed Date

Your Name

Previous Name

Address

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Contact Number Date of Birth

..... Age

GP's Name GP Tel No

GP's Address

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