

Subject: Cervical Screening disclaimer form

Under the NHS Cervical Screening programme, women aged 25-64 years are eligible for regular smear testing every three to five years. Having regular smears can significantly reduce the risk of developing cervical cancer.

I understand that you do wish to be invited for future smears. Please see our website explaining the benefits of cervical screening. If you require further information, please do not hesitate to book a digital consultation to discuss this further.

In order to allow us to remove your name from the invitation list, we need your instruction in writing. I would therefore be grateful if you would sign and return the attached form. We would of course be pleased to restore your name to the list at any time, should you wish. You can do this by contacting our support team.

We suggest you keep a copy of this letter and the attached form for future reference.

DISCLAIMER FORM - to be completed by patient

Please do not send me any further invitation to participate in the NHS Cervical Screening Programme. I assume full responsibility for this decision and confirm that I have read the NHS leaflet ‘Cervical screening: helping you to decide’ explaining the benefits of cervical screening.

I understand that my name can be restored to the list of eligible women at any time at my request to my general practitioner.

Name (in capitals please):	
Signature:	
Date:	
Address:	
Postcode:	
Date of birth:	
Email address:	
NHS Number (if known)	

DISCLAIMER FORM - to be completed by patient’s GP

Name (in capitals please):	
Signature:	
Date:	
Name / practice stamp	

Please complete form and return to:

gpathand@nhs.net or 139 Lillie Road, Fulham, London, SW6 2SX