

Cervical Screening Recall “Opt out” Disclaimer

If you feel you do not have sufficient information, in an appropriate and accessible format, to support an informed decision, please make an appointment with your doctor to discuss your decision.

Full Name	
Date of birth	
Address	
<p>I confirm that:</p> <p>I do not wish to attend Queen’s Road Medical Practice for a cervical screening at the present time.</p> <p>I am aware that I will not receive any further invitations or reminder letters for the cervical screening service until my net recall date in 3 to 5 years (dependent on my age.)</p> <p>I am aware I am able to return to the programme at any time (provided I am still eligible for screening)</p>	
Signature	
Date	