

Kent Breast Screening Service

Self-referral details

Age: Date of birth: NHS No:

Surname: Forename: Mrs/Miss/Ms

Address:

.....

..... Post code:.....

Daytime telephone number:

General Practitioner's name:

Practice address:

Previous mammograms?: Yes/No (Circle as appropriate)

Year of last mammogram:

For office use:

Any specific time/day for appointment:

GCT No.

Appointment

.....
Please return form to:

Kent and Canterbury Hospital
Ethelbert Road
Canterbury
Kent
CT1 3NG

Tel: 01227 783000