

APPENDIX 7 : Letter to screening programme to cease recall

PERMANENTLY CEASING A WOMAN FROM EAST MIDLANDS CERVICAL SCREENING PROGRAMME
(NHSCSP)

To: The NHS SBS Cervical Screening Call Recall Dept (Ceasing)

Name of Patient:

(Please use block capitals)

Address:

.....

NHS No: Date of birth:

I have today had a face-to-face consultation with the above-named patient who (through informed choice) wishes her name to be permanently removed from the list of eligible women who are invited for cervical screening.

The patient has been informed she will be receiving a disclaimer from the Screening Office.

Signed by : Date:

(GP/Practice Nurse)

(A copy of this form should be filed in the patient's medical records)