

## **Humberside Breast Screening Service Hull and East Yorkshire Hospitals**

Clinical Director Dr. A. E. Hubbard

NAME

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If you are over 70 and wish to receive a Breast Screening appointment please complete this Self Invitation Form and forward to the above address.

PLEASE RETURN THIS REQUEST AS SOON AS POSSIBLE, AS THE CLINICS ARE VERY BUSY TOWARDS THE END OF SCREENING WITHIN YOUR AREA.

ADD	RESS				
TELEPHONE NUMBER					
DATE OF BIRTH					
DO YOU HAVE DIFFICULTY CLIMBING STEEP STEPS?					
	YES		NO	(delete as appropriate)	
GP NAME					
ADDRESS					





