

Dr H B Smith
 Dr A N Weston
 Dr A K Fraser
 Dr K A M Davey
 Dr E R Breene



Dr S G Davidson
 Dr J M House
 Dr W M Murray
 Dr S J Shepherd

Name:	
D.O.B.	
Address:	
Post Code:	

I have been given the opportunity to have a cervical smear done.

The importance of having this procedure carried out has been fully explained to me. I wish to decline from having a smear done at this time.

I understand that I will receive a recall letter every three years and if I change my mind can at any time arrange to attend the Practice Nurse to have this procedure carried out.

Signed

Date	
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If you wish to decline a smear at this time because you had the procedure carried out in a different country. Please state where and when this was done and where possible provide a copy of the report.

Smear done on date.....

Country.....