East Lancashire Breast Screening Service Edith Watson Unit, Area 3 Level 3 Burnley General Teaching Hospital Casterton Avenue Burnley, BB10 2PQ



Breast Screening Appointments

This form allows you to request a new appointment or change your existing appointment so that it is more convenient for you.

Please note: the following form is **only** for those women who have received an invitation letter inviting them for a breast screening mammogram (breast X-ray).

If you have not received your invitation letter and would like to find out when you are likely to be invited next, please call **01282 805301** or check with your GP practice.

Please fill in the form below and click the submit button at the bottom of the page, save and submit at a later date or print and post the form. We will send you a confirmation letter with your appointment details.

Appointment Request Are you requesting a change of an existing a

Are you requesting	a change of an ex	kisting appointme	ent?	
Yes	No			
If yes, what is the re Reason for changin	•		nt?	
Preferred day(s)				
Monday Tu	esday We	ednesday	Thursday	Friday
Preferred time: Morning Aft	ernoon			



○ Yes ○ No

Are you available at short notice?

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Your Details

Full name*				
Please enter your screening client number which starts with PLE. This number can be found in the top right top right hand side of your invitation letter.				
Client number * PLE				
Telephone number (landline)				
Mobile number				
Date of birth *				
Additional Information				
Additional information or special requirements				
If you would like to receive an email confirmation please enter your email address here				

Disclaimer:

"The Trust accepts no liability if the completed form is emailed to the wrong email address when submitting the form.

Please ensure that the correct email address is used when emailing the completed form (breastscreening.elht@nhs.net)"

Please send the completed form to: breastscreening.elht@nhs.net

