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5, Clay Lane CV2 4LJ

1 Chester St
CV1 4DH

1 Balliol Road
CV2 3DR

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Disclaimer Form

To: Godiva Group of Practice's

Please do not send me any further invitations to participate in the NHS Cervical Screening Programme. I assume full responsibility for my decision and confirm that I have read and understood the statement about the associated risks and benefits and the importance of screening in reducing cervical cancer deaths.

I understand that I can be restored to the screening programme at any time by contacting the organisation.

Name: _____

Address: _____

Postcode: _____

NHS No.: _____

Date of birth: _____

Signature: _____

Date: _____

Please return this form to the organisation as soon as possible.