

**ISLE OF MAN BREAST SCREENING SERVICE**  
**Noble's Hospital.**

I wish to have a mammogram. I am 50 years of age or over.

**N.B. IF YOU THINK YOU HAVE A BREAST PROBLEM YOU SHOULD CONTACT YOUR DOCTOR. DO NOT USE THE SCREENING SERVICE.**

**SURNAME**..... **DOB**.....

**FIRST NAME**.....

**ADDRESS**.....

**DAYTIME PHONE No**.....

**G.P. NAME**.....

**WILL YOU BE AWAY DURING THE NEXT TWO MONTHS?**.....

We offer screening at the following times. Please circle the session(s) which are **MOST SUITABLE** for you.

<b>MONDAY</b>	AM	PM
<b>WEDNESDAY</b>	AM	PM
<b>THURSDAY</b>	----	PM
<b>FRIDAY</b>	AM	PM

Please send this application to:

Isle of Man Breast Screening Unit  
Noble's Hospital  
Westmoreland Road  
DOUGLAS  
IM1 4QA.