

BreastScreen Tasmania Group Booking Detail Sheet - Form B



Group Name: _____

**IMPORTANT – THIS FORM MUST BE COMPLETED & RETURNED AT LEAST
3 WEEKS PRIOR TO YOUR CONFIRMED SCREENING DATE**

Contact details of group organiser / contact:

Name: _____ Clinic attending: Hobart Launceston Mobile Bus, Location _____

Address: _____ Date: ____/____/____

Phone: _____ Number of ladies attending: _____ Interpreter required: _____

Email: _____

Appoint Time <small>(office use only)</small>	Reference Number <small>(office use only)</small>	Family Name	Given Name(s)	Date of birth	Postal Address	Home Phone	Work Phone

Please complete and return a copy of this sheet by email to: breastscreenhobartclinic@ths.tas.gov.au

