

BreastScreen Tasmania

Group Booking Detail Sheet - Form A

Group Name: _____

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

Contact details of group organiser / contact:

Name: _____

Address: _____

Phone: _____

Email: _____

Clinic attending: Hobart Launceston Mobile Bus, location: _____

Number of ladies attending: _____

Is an interpreter required? _____

Date Preferences: 1) ____/____/____ 2) ____/____/____ 3) ____/____/____

Time slots preferred: 10am - 12noon 2pm - 4pm

Please complete and return a copy of this sheet by email to:

breastscreenhobartclinic@ths.tas.gov.au