

Diabetic Retinopathy Screening Programme

DISCLAIMER FORM

Dear Practice Manager,

Please do not send me any invitations for the next three years to take part in the Scottish Retinopathy Screening Programme.

I assume full responsibility for this decision and confirm that I have read the statement that retinopathy screening can reduce the risk of loss of sight.

I understand that I can change my mind and request a diabetic retinopathy screening test if I wish. I can do this by contacting The Practice in writing at any time in the future.

My name, date of birth and address is:

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Signature:.....

Date:.....

Please note that if this form is returned completed, you will still be invited again in three years.

If you do not send the completed form back, you will be recalled within the year.