

**HCA Healthcare UK Fixed Price Treatment**

**Cancellation Form**

**PLEASE NOTE THIS CANCELLATION FORM CAN ONLY BE USED TO CANCEL YOUR CONSULTATION**

*(Complete and return this form only if you wish to withdraw from the contract)*

To: HCA Fixed Price Treatment Team, Trigg House, Warren Drive, Prestatyn, LL19 7HT. Telephone: 01745 881625 or email: [fixedpricetreatment@hcahealthcare.co.uk](mailto:fixedpricetreatment@hcahealthcare.co.uk)

I hereby give notice that I wish to cancel my contract for the Consultation I have booked with HCA

on Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Account number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Consultation: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_