

Cancellation Form

To: LCCS Clinic Ltd, 1, 31 Sandiway Road, WA141HU, Altrincham.

Email: info@aesthetic-cosmetic.co.uk

I/We [.....] hereby give notice
that I/we [.....] cancel my/our
[.....] contract for the supply of the following service (name the medical
procedure cancelled:.....)
.....

Name of the Patient(s).....

Address of Patient(s)
.....

Signature of the Patient (s) (only if this form is notified on paper)

.....

Date