**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR**

**SURGERY TO CORRECT BREAST ASYMMETRY**

**The NHS does not routinely commission plastic surgery for cosmetic reasons, an NHS referral is inappropriate if the patient falls within the normal morphological range.**

### PATIENT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | | |
| **DATE OF BIRTH** |  | **NHS NUMBER** |  |
| **ADDRESS** |  | | |
| **REFERRING GP (please print name and stamp practice address)** |  | | |

### ADDITIONAL INFORMATION

### \*\*Failure to complete this questionnaire in full may delay the IFR Panel’s decision\*\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WEIGHT** | **HEIGHT** | **BMI**  **(taken within the last 6 months)** | **CHEST SIZE** | **CUP SIZE LEFT** | **CUP SIZE RIGHT** |
|  |  |  |  |  |  |

In your opinion does the patient have congenital hypoplasia/agenesis of the smaller breast? Yes / No

Has your patient been professionally measured for her bra? Yes/ No

|  |
| --- |
| Please provide any other relevant information in support of your request: |

GP Signature ………………………………………… Date ………………………………..