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

**BREAST AUGMENTATION**

**The NHS does not routinely commission plastic surgery for cosmetic reasons, an NHS referral is inappropriate if the *p*atient 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 |
|  |  |  |  |  |

In your opinion does the patient have breast agenesis? Yes / No

Has your patient had a professional bra measurement? Yes / No

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

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