

## **URGENT: MEDICAL APPOINTMENT NOTICE**

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Dear [Patient Name],

We are contacting you regarding the results of your recent Pap smear performed on [Date of Test]. Your results have shown cellular abnormalities that require a follow-up procedure known as a **Colposcopy**.

It is important to understand that an abnormal Pap smear does not necessarily mean you have cancer, but it does indicate that a more detailed examination of the cervix is necessary to ensure your health and safety.

### **Your Appointment Details:**

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Clinic/Hospital Name and Address]
- **Provider:** [Insert Doctor Name]

### **Instructions for your appointment:**

- Please do not have sexual intercourse, use tampons, or use vaginal medications for 24-48 hours before the procedure.
- You may take an over-the-counter pain reliever (such as Ibuprofen) 30-60 minutes before your appointment to minimize discomfort.
- Please bring your insurance card and a photo ID.

If you need to reschedule or have questions regarding this procedure, please call our office immediately at [Phone Number]. Due to the nature of these results, we strongly advise against delaying this evaluation.

Sincerely,

[Doctor/Provider Name]

[Clinic Name]

[Phone Number]