

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to follow up regarding your recent treatment for an abnormal Pap smear. To ensure your continued health and to confirm that the treatment was successful, it is important to begin a routine monitoring schedule.

Your follow-up plan includes the following:

- **Next Appointment Type:** [e.g., Repeat Pap Smear / HPV Test]
- **Scheduled Date/Time:** [Date and Time or "To Be Scheduled"]
- **Purpose:** To monitor the cervical cells and detect any recurrence early.

Routine monitoring is the most effective way to prevent future complications. Please call our office at [Phone Number] if you need to schedule this appointment or if you have experienced any unusual symptoms such as abnormal bleeding or persistent pain.

We look forward to seeing you soon for your follow-up care.

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]