[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Reminder - Your Annual Preventive Mammogram is Due

Dear [Patient Name],

Our records indicate that it is time for your routine preventive mammogram. Regular screenings are the most effective way to detect breast changes early, when they are most treatable.

We recommend scheduling your appointment at your earliest convenience. You may choose one of the following options to book your visit:

- Call our scheduling department at: [Phone Number]
- Log in to your patient portal at: [Website URL]
- Reply to this message via our secure messaging system.

Appointment Details:

Location: [Facility Name/Department]
Address: [Facility Address]

Please remember to bring your insurance card and a valid ID to your appointment. If you have had mammograms performed at a different facility in the past, please let us know so we can request those records for comparison.

If you have already scheduled this appointment or have recently completed your screening elsewhere, please disregard this notice.

Your health is our priority. We look forward to seeing you soon.

Sincerely,

[Provider Name or Practice Name]
[Contact Information]