[Doctor Name or Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address Line 1]
[City, State, Zip Code]

Dear [Patient Name],

We are writing to inform you that the results of your recent Prostate Specific Antigen (PSA) blood test are now available.

To ensure we provide the best care and discuss these results in detail, we would like to schedule a follow-up appointment with you. During this visit, we will review the findings, answer any questions you may have, and determine if any further steps are necessary.

Your appointment is scheduled for:

- Date: [Date of Appointment]
- Time: [Time of Appointment]
- Location: [Clinic Name/Room Number]

If the scheduled time does not work for you, please contact our office as soon as possible at [Phone Number] to reschedule. We recommend bringing a list of any questions or concerns you wish to discuss with your provider.

Thank you for choosing us for your healthcare needs.

Sincerely,

[Doctor's Name/Signature]
[Clinic Name]