

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Upcoming Pap Smear and Health Screening

Dear [Patient Name],

Our records indicate that you are due for your routine Pap smear and wellness screening. These preventive screenings are essential for maintaining your health and detecting potential issues early.

Appointment Details:

- Date: [Date of Appointment]
- Time: [Time of Appointment]
- Location: [Clinic Name/Department]
- Provider: [Doctor/NP Name]

To prepare for your visit, please note the following:

- Try to schedule your appointment for a time when you do not have your period.
- Avoid using douches, tampons, or vaginal creams for 48 hours before the exam.
- Please bring your insurance card and a list of any current medications.

If you need to reschedule or have already completed this screening elsewhere, please contact our office at [Phone Number] or visit [Patient Portal Link].

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

Sincerely,

[Name of Practice/Clinic]

[Phone Number]

[Website]