

URGENT: MEDICAL FOLLOW-UP REQUIRED

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient Last Name],

We are writing to inform you that we have received the results of your recent Pap smear performed on [Insert Date of Test].

The results of this test indicate that further evaluation is necessary. It is important to understand that an abnormal result does not necessarily mean you have cancer, but it does require prompt follow-up testing to ensure your health and safety.

Please contact our office immediately at [Insert Phone Number] to schedule a follow-up appointment.

When you call, please mention that you are responding to a "Recall Letter" so that we can prioritize your appointment. Our office hours are [Insert Hours].

If you have already scheduled a follow-up or have moved your care to another provider, please let us know so we can update your medical records accordingly.

Your health is our priority, and we look forward to hearing from you as soon as possible.

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]

[Contact Information]