

[Hospital or Clinic Name]
[Department Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Routine Mammogram Screening Reminder

Dear [Patient Name],

Our records show that you are now due for your routine screening mammogram. Regular breast screenings are an important part of maintaining your health and can help in the early detection of changes.

We would like to invite you to schedule your appointment at your earliest convenience. You can book your screening by:

- Calling our scheduling office at [Phone Number]
- Visiting our online booking portal at [Website URL]
- Replying to this notice via our patient portal

If you have had a mammogram at another facility within the last 12 months, please let us know so we can update your records. If you have already scheduled your appointment, please disregard this notice.

Your health is our priority, and we look forward to seeing you soon.

Sincerely,

[Sender Name/Department Head]
[Facility Name]