

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important: Your Routine Mammogram Screening

Dear [Patient Name],

Our records indicate that you have reached an age milestone where routine breast cancer screening is recommended. Regular mammograms are the most effective way to detect changes in breast tissue early, often before any symptoms appear.

We invite you to schedule your screening mammogram at your earliest convenience. Early detection saves lives and provides the best opportunity for successful treatment.

Appointment Details:

- **Facility:** [Facility Name]
- **Location:** [Facility Address]
- **To Schedule:** Call [Phone Number] or visit [Website URL]

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 any new breast concerns, such as a lump or skin changes, please contact your primary care physician immediately rather than waiting for this routine appointment.

We look forward to helping you stay proactive with your health.

Sincerely,

[Provider/Clinic Name]

[Department Name]

[Contact Information]