

Date: [Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Routine Mammogram Screening Appointment Due

Dear [Patient Name],

Our records indicate that it is time for your routine screening mammogram. Because of your documented family history, regular breast imaging is an important part of your preventive healthcare plan.

Early detection through regular screening is the most effective way to monitor breast health. We recommend scheduling your appointment at your earliest convenience.

**Appointment Details:**

- **Facility:** [Clinic/Hospital Name]
- **Phone Number:** [Phone Number]
- **Online Booking:** [Website URL if applicable]

When you call to schedule, please mention that this is a routine screening based on family history. If you have already had a mammogram at another facility within the last 12 months, please let us know so we can update your records and request those images for comparison.

If you have any new symptoms, such as a lump or skin changes, please contact your primary care physician immediately, as a different type of imaging may be required.

Thank you for prioritizing your health.

Sincerely,

[Doctor or Department Name]

[Healthcare Organization]