

Date: [Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Your Colonoscopy Procedure is Due

Dear [Patient Name],

Our records indicate that it is time for you to schedule a follow-up colonoscopy. Regular screenings are an essential part of your preventative healthcare and are the most effective way to detect and prevent colorectal cancer.

Your last procedure was performed on [Date of Last Procedure]. Based on your clinical history and previous findings, your next exam is recommended at this time.

Please follow these steps to schedule your appointment:

- Call our scheduling department at [Phone Number].
- Visit our patient portal at [Web Link].
- Have your insurance information ready when you call.

If you have already scheduled this procedure with another facility or if you have questions regarding this reminder, please contact our office so we can update your medical records accordingly.

We look forward to assisting you with your digestive health needs.

Sincerely,

[Doctor Name/Clinic Name]

[Gastroenterology Department]

[Phone Number]