

[Doctor Name or Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Important Medical Recall - Prostate Health Examination

Dear [Patient Name],

Our records indicate that you are due for a routine prostate health screening. Based on your medical history and clinical risk factors, it is important that we perform an updated evaluation at this time.

Regular monitoring is a critical part of preventive healthcare for high-risk patients. Early detection allows for the most effective management and treatment options.

Please contact our office at [Phone Number] within the next 5 business days to schedule your appointment. This visit will include a consultation and any necessary diagnostic tests, such as a PSA blood test or a physical examination.

If you have already had this screening performed elsewhere recently, please let us know so we can update your medical records.

We look forward to hearing from you soon.

Sincerely,

[Doctor Signature/Name]
[Clinic Name]