

[Hospital or Clinic Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Full Name]
[Patient Address Line 1]
[City, State, Zip Code]

Re: Follow-up Appointment for Prostate Cancer Monitoring

Dear [Patient Last Name],

Our records indicate that it is time for your scheduled post-treatment monitoring appointment. Regular follow-up care is a vital part of your recovery and long-term health management after prostate cancer treatment.

The purpose of this visit is to monitor your progress, review your latest PSA (Prostate-Specific Antigen) results, and discuss any symptoms or concerns you may have.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic Name/Room Number]
- **Provider:** [Doctor/Specialist Name]

Please remember to complete your blood work at least [Number] days before this appointment so that the results are available for review during your consultation.

If you need to reschedule this appointment, please contact our office at [Phone Number] as soon as possible. If you have already scheduled this visit or have recently seen us, please disregard this letter.

We look forward to seeing you and continuing to support your health.

Sincerely,

[Staff Member Name or Physician Name]
[Title/Department]