

FINAL NOTICE

Date: [Insert Date]

To: [Patient Full Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Subject: Final Reminder for Prostate Cancer Screening (PSA Test)

Dear [Patient Name],

Our records indicate that we have contacted you previously regarding your overdue prostate cancer screening. As of today, we have not received confirmation that you have completed your Prostate-Specific Antigen (PSA) blood test.

This is your final notice. Regular screening is vital for the early detection of prostate cancer, often before any physical symptoms develop. Early detection significantly increases the success rate of treatment.

Action Required:

- Please contact our office at [Phone Number] immediately to schedule your appointment.
- If you have already completed this test at another facility, please notify us so we can update your medical records.
- If you have decided to decline this screening, please sign and return the enclosed "Refusal of Service" form or contact us to discuss your concerns.

Your health is our priority. We strongly encourage you to prioritize this preventative screening.

Sincerely,

[Doctor/Provider Name]

[Practice/Clinic Name]

[Phone Number]