

[Your Name]
[Your Address]
[Your Phone Number]
[Your Date of Birth]

[Date]

[Doctor's Name]
[Clinic Name]
[Clinic Address]

Subject: Request for Early Prostate Cancer Screening - Family History

Dear Dr. [Doctor's Last Name],

I am writing to formally request a consultation regarding early prostate cancer screening. I would like to schedule a Prostate-Specific Antigen (PSA) blood test and a Digital Rectal Exam (DRE).

I am requesting these tests earlier than the standard screening age due to my significant family history of the disease. Specifically, the following family members have been diagnosed with prostate cancer:

- [Relative - e.g., Father]: Diagnosed at age [Age]
- [Relative - e.g., Brother]: Diagnosed at age [Age]

Given these risk factors, I would like to establish a baseline for my prostate health and discuss a long-term monitoring plan with you. Please let me know the earliest available date for an appointment or if you require any additional information prior to the visit.

Thank you for your time and assistance.

Sincerely,

[Your Signature]

[Your Printed Name]