[Medical Practice Name]
[Practice Address Line 1]
[Practice Address Line 2]
[Phone Number]
[Date]

To: [Patient Full Name]

Address: [Patient Address]

Subject: Important: Routine Osteoporosis Screening Due

Dear [Patient Name],

Our records indicate that you are now due for a routine osteoporosis screening. As we age, maintaining bone health is essential for preventing fractures and ensuring long-term mobility.

Osteoporosis is a condition that weakens bones, making them fragile and more likely to break. Because bone loss often occurs without symptoms, a screening (typically a DEXA scan) is the most effective way to measure your bone density and assess your risk.

Your Screening Details:

- **Procedure:** Bone Mineral Density (DEXA) Scan
- **Estimated Time:** 15-20 minutes
- **Preparation:** No special preparation is usually required.

Please contact our office at **[Phone Number]** to schedule your appointment or to discuss any questions you may have regarding this screening. If you have had a bone density scan performed at another facility within the last 12 months, please let us know so we can update your medical records.

Prioritizing your bone health today can help prevent serious injury in the future. We look forward to hearing from you.

Sincerely,

[Provider Name/Signature]
[Title]
[Medical Practice Name]

If you believe you have received this letter in error, please contact our administration department.