[Clinic/Doctor Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Preventive Health Screening Order and Follow-Up Instructions

Dear [Patient Name],

As part of your ongoing wellness plan, I have ordered the following preventive health screenings for you. Regular screenings are essential for early detection and maintaining your long-term health.

Ordered Screenings:

- [Screening Name 1, e.g., Blood Work/Cholesterol]
- [Screening Name 2, e.g., Mammogram or Colonoscopy]
- [Screening Name 3, e.g., Blood Pressure Check]

Next Steps:

1. **Scheduling:** Please contact [Facility Name/Department] at [Phone Number] to schedule your appointment(s).
2. **Preparation:** [Insert specific instructions, e.g., Fasting for 12 hours required].
3. **Completion Date:** We recommend completing these tests by [Insert Date].

Follow-Up:

Once the results are received, our office will review them. You will receive a follow-up notification via [Phone/Patient Portal/Mail] within [Number] business days. If you do not hear from us by [Date], please call our office at [Phone Number].

If you have any questions or concerns regarding these orders, please do not hesitate to reach out.

Sincerely,

[Provider Signature]
[Provider Printed Name]
[Title]