

## **URGENT: ACTION REQUIRED REGARDING YOUR MAMMOGRAM**

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Insert Patient Name],

We are writing to inform you that your recent screening mammogram performed on [Insert Date of Exam] has been reviewed by the radiologist. The results indicate that additional imaging is necessary to fully evaluate a specific area of concern.

**Please note:** This does not necessarily mean that cancer has been found. It is common for screening mammograms to require follow-up views or an ultrasound to obtain a clearer picture of breast tissue.

Because these results require further investigation, we urge you to schedule your follow-up appointment as soon as possible. Delaying these diagnostic tests could result in a delayed diagnosis.

### **Required Next Steps:**

- Call our scheduling department at [Insert Phone Number] between the hours of [Insert Hours].
- Request a "Diagnostic Follow-up Mammogram" and/or "Breast Ultrasound" as recommended.
- Have your insurance information ready when calling.

If you have already scheduled this appointment or have had this follow-up performed at another facility, please contact our office so we may update your records.

Your health is our priority. We look forward to hearing from you immediately.

Sincerely,

[Insert Physician Name/Department Name]

[Insert Facility Name]

[Insert Facility Phone Number]