

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Reminder: Your Annual Preventive Mammogram Appointment

Dear [Patient Name],

Our records indicate that it is time for your annual screening mammogram. Routine screenings are the most effective way to detect changes in breast health early, when they are most treatable.

We have scheduled an appointment for you as follows:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Facility Name/Department]

Important Instructions:

- Please arrive 15 minutes early to complete any necessary paperwork.
- Do not wear deodorant, talcum powder, or lotion under your arms or on your breasts on the day of the exam, as these can interfere with the images.
- Please bring your insurance card and a valid photo ID.

If you need to reschedule or have already had a mammogram recently, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you and helping you maintain your health.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]