

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Reminder: Your Annual Mammogram Screening

Dear [Patient Name],

At [Clinic/Hospital Name], your health and wellness are our top priorities. Our records indicate that you are due for your routine screening mammogram.

Regular mammograms are the best tool for early detection, often finding changes before they can be felt. Early detection significantly increases treatment options and improves long-term health outcomes.

**Next Steps:**

- **Schedule Your Appointment:** Please call our scheduling department at [Phone Number] or visit our online portal at [Website URL].
- **Insurance:** Most insurance plans cover preventive screening mammograms at no cost to the patient. Please verify your benefits with your provider.
- **Preparation:** On the day of your appointment, please do not apply deodorant, powder, or lotion under your arms or on your breast area.

If you have already scheduled your screening or have recently completed one at another facility, please let us know so we can update your medical records.

Thank you for choosing us as your partner in health.

Sincerely,

[Provider Name/Department Name]

[Clinic/Hospital Name]

[Phone Number]