

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Your Routine Screening Mammogram

Dear [Patient Name],

Our records indicate that you are due for your routine screening mammogram. Regular breast cancer screenings are an essential part of your preventive healthcare, as early detection provides the best opportunity for successful treatment.

We recommend scheduling your appointment at your earliest convenience. You may choose one of the following options to book your visit:

- **Call us:** Contact our scheduling department at [Phone Number] between [Hours of Operation].
- **Online:** Schedule through the patient portal at [Website URL].

The procedure typically takes about 20 minutes. If you have already had a mammogram recently at another facility, please let us know so we can update your medical records.

If you have any questions or concerns regarding this screening, please contact your primary care provider's office.

Sincerely,

[Provider/Clinic Name]

[Contact Information]