

Cancer Screening Program Eligibility Notice

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to inform you about your eligibility for our Cancer Screening Program. This program is designed to provide comprehensive screening for various types of cancer to ensure early detection and effective treatment.

Eligibility Criteria:

- Age: [Insert Age Requirement]
- Residency: [Insert Residency Requirement]
- Health Insurance Status: [Insert Health Insurance Criteria]

Please bring the following documents to your appointment:

- Valid ID
- Insurance Information (if applicable)
- Medical History Records (if available)

To schedule your screening appointment, please contact us at [Insert Phone Number] or [Insert Email Address]. We look forward to assisting you in maintaining your health and well-being.

Thank you for taking this important step towards your health.

Sincerely,
[Your Name]
[Your Title]
[Your Organization]
[Contact Information]