

Prostate Cancer Screening Schedule Alert

Dear [Patient's Name],

We hope this message finds you well. We want to remind you that it is time for your scheduled prostate cancer screening. Regular screenings are essential for early detection and effective treatment.

Scheduled Screening Date: [Date]

Time: [Time]

Location: [Clinic/Hospital Name, Address]

Please ensure to arrive at least 15 minutes early and bring the following items:

- Your insurance card
- A list of current medications
- Any previous medical records related to prostate health

If you have any questions or need to reschedule, please contact our office at [Phone Number] or [Email Address].

Thank you for prioritizing your health. We look forward to seeing you soon.

Sincerely,

[Your Practice Name]

[Your Contact Information]