

# Opt-Out of Routine Screenings

Date: \_\_\_\_\_

To: [Healthcare Provider's Name]

[Healthcare Facility's Name]

[Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to formally request that I be removed from any routine screening schedules at [Healthcare Facility's Name]. While I appreciate the importance of preventative health measures, I have chosen to opt out of these screenings for personal reasons.

Please ensure that my decision is respected in all future communications and appointments.

Thank you for your attention to this matter. If you require any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Date of Birth]