

SCREENING ELIGIBILITY LETTER

Date:

Honorific First Last
Address
City, State, Zip

Dear Honorific First Last:

My practice, along with others in the Lehigh Valley, will soon begin participation in a project to increase the rate of colorectal cancer screening among patients. We are making an effort to invite only those who currently need screening.

You may have had screening, but it was not captured in our records. If this is so, please complete the enclosed Screening Eligibility Assessment.

We ask that you complete Section B whether or not you choose to take part in this screening.

Please return the Screening Eligibility Assessment along with the Patient Information in the enclosed, stamped envelope.

If you do not wish to receive further contact about colorectal cancer screening, you may also call 1-610-969-xxxx.

Sincerely,

<PRACTICE PHYSICIANS>