<dd> <Month> <Year>

<Title> <First Name> <Last Name>
<Address Line 1>
<Address Line 2>
<Address Line 3>
<Address Line 4>
<Postcode>

Dear <Title> <First Name> <Initial> <Last Name>,

Reminder: Please book your appointment - Important information about your health

We recently wrote to invite you for bowel scope screening, a new test which **helps prevent bowel cancer.**

Saving Lives
People aged 55+ are most at risk of getting bowel cancer, this test helps to prevent it. This test is for people who don't have any signs of bowel cancer.
You are being invited because people who are aged 55 and over are the most at risk of developing bowel cancer. Having a Bowel Scope Screening test between the age of 55 & 59 helps prevent you from getting bowel cancer in the future. This is an important test highly recommended for **everyone** who is **55-59** years of age.

What you need to do
Please read the enclosed leaflet, which gives more information about the test, and also has stories from people who have already been to <Hospital Name> for bowel scope screening.

To book your test, simply fill in and post back the form overleaf in the Freepost envelope provided (you don't need a stamp). We will then arrange a date and time for your bowel scope screening appointment. It takes place locally at <Hospital Name>. Alternatively, you can **Freephone <Freephone Number> to book an appointment**.

If you have any questions, please call the <Name of Screening Centre> on <Telephone Number>.

Yours sincerely,

<Title2> <First Name2> <Last Name2>
<Position>

IMPORTANT – PLEASE CHECK YOUR DETAILS AND RETURN IN THE FREEPOST ENVELOPE

Name: <Title> <First Name> <Last Name>
Post Code: <Postcode>

Please fill in your details (either your home telephone number or your mobile number is required; this is so we can contact you to confirm your appointment)**:**

Home number: _____

Mobile number: _____

Please **tick** this box if you would like to have a bowel scope screening appointment:

☐ I'd like to arrange a bowel scope screening appointment at <Name of Hospital> in <Name of Area>.

Please **tick** your preference:

☐ I would prefer to have a **Male** practitioner to perform my test.
☐ I would prefer to have a **Female** practitioner to perform my test.

Please **tick** as appropriate: My preferred appointment time(s) would be:

	Afternoon 13:00-15:30	Evening 16:45-19:00
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

When we receive your form, we'll contact you with a suggested date and time for your appointment.

(Tear here)