

[Facility Letterhead]

Dear [Patient Name],

Thank you for choosing [Facility Name] for your breast care – we are committed to your good health and early detection of breast cancer. Your last exam was [Date]; please contact us to schedule your next mammogram after [Date].

Since your last visit, we now offer breast cancer risk assessment to all patients. This assessment will help you understand your risk of developing breast cancer and help us create a personalized breast care plan for you based on your personal risk for breast cancer.

When you arrive at our office you will be asked to complete a risk assessment questionnaire to calculate your risk score. The accuracy of the score will depend on your ability to provide details about your personal health history, lifestyle as well as your family history of any cancers. For family history questions, you may need to ask family member(s) on both your mother and father's side for the information below.

For each family member who has had cancer, please provide:

- Type of cancer
- Age of diagnosis

OPTIONAL PARAGRAPH: Our facility also offers the option to fill out the risk assessment questionnaire online prior to your appointment. If you would like to do so, please visit [Facility Website] and enter in the information requested.

If you have questions about completing a risk assessment, please contact us at [Facility Phone Number]. Thank you for being our patient – we are pleased to continue working with you to provide you with the most personalized breast care possible.

Best regards,

[Healthcare Team Signature]