{NAME} Date: {TODAYS DATE}

{STREET}

{CITY}, {STATE} {ZIP} MRN: {MRN}

Dear {NAME},

Our records indicate that you were due for a CT lung screening exam on or around {FOLLOWUP DATE}. Please call {SITE PHONE NUMBER} to schedule this appointment. If you have decided you do not want this study performed or you are receiving care elsewhere, please let us know at your earliest convenience so we may update our records.

Here are some other important points you should know:

• Your full low-dose chest CT report, including any minor observations, is sent to your health care provider. Your exam report and images will be kept on file at {SITE} as part of your permanent record and are available for your continuing care.

• You are under no obligation to return to {SITE} for annual CT lung screening or follow-up evaluation of any findings discovered as a result of your CT lung screening exam.

• Although low-dose chest CT is very effective at finding lung cancer early, it cannot find all lung cancers. If you develop any new symptoms such as shortness of breath, chest pain, or coughing up blood, please call your doctor.

• Please keep in mind that good health involves quitting smoking (for help, call {LOCAL OR NATIONAL QUIT LINE PHONE NUMBER}), an annual physical exam, and continued screening with low-dose chest CT.

If you have any questions about this letter or have difficulty in contacting your health care provider please call {PROGRAM CONTACT} at {CONTACT PHONE NUMBER}.

Sincerely,

{SITE NAME}