

{REFMD}
{REFMDADDRESSBLOCK}

Date: {TODAYSDATE}

Dear {REFMD},

Our records indicate that your patient {NAME}, MRN: {MRN} was due for a recommended Low Dose Chest CT as part of the Lung Cancer Screening Program on or around {FOLLOWUPDATE}.

We have attempted to reach {NAME} via telephone and mail with no response from the patient. If you have discussed the Low Dose Chest CT with your patient and have decided not to have this study performed or if the patient is receiving care elsewhere, please let us know at your earliest convenience so we can update our records.

THE SCREENING DOES NOT OBLIGATE YOU TO REFER YOUR PATIENT BACK TO LAHEY HOSPITAL & MEDICAL CENTER FOR ANY FURTHER SCREENINGS, FOR FURTHER EVALUATION OF ANY FINDINGS, OR FOR ANY OTHER SERVICES THAT LAHEY HOSPITAL & MEDICAL CENTER PROVIDES. THIS SAME POINT HAS BEEN EMPHASIZED IN OUR CORRESPONDENCE WITH THE PATIENT.

If you would like to have your patient schedule an appointment they can call 1-855-CT-CHEST and we will assist them. If you have any questions or need more information please contact one of our patient navigators, Christina Derochers at (781)744-7192.

Sincerely,
The Sophia Gordon Cancer Center and Department of Radiology