

<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>,

Important information about your health:

We are writing to invite you for bowel scope screening, a new test that **helps prevent bowel cancer**. We last invited you for this test about a year ago.

People aged 55+ are most at risk of bowel cancer, this test helps prevent it:

We have written to you 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.

Saving lives

We offer bowel scope screening because it saves lives from bowel cancer.

Bowel scope screening is for people who **don't** have any signs of bowel cancer. The test is designed to **help prevent bowel cancer** by finding and removing small growths in the lower bowel before they turn into something more serious. These growths, called polyps, can turn into cancer over a period of years if they are left untreated. Removing these growths halves your risk of getting bowel cancer in the future.

We're lucky in <Name of Area> that we have the opportunity to participate in bowel scope screening. Every month about 270 people take up the test.

What you need to do now

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 <Name of Hospital>, which is a centre of excellence for bowel and gut medicine at <Name of Area>.

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

If you have any questions, please call the <Name of Screening Centre> on <Telephone Number>, or **Freephone <Freephone Number> to book an appointment.**

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)