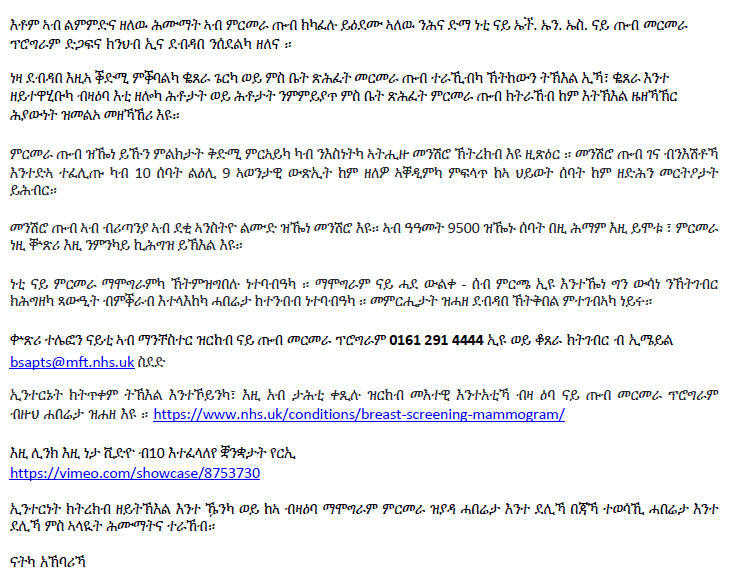
**Breast Screening Non-Responder Letter**

[Insert GP name, Practice address, contact details]

[Insert date]

Dear [Insert patient name],



[Insert Dr’s name and electronic signature]