[Date]

[Healthcare Provider Name]

[Healthcare Provider Address]

Dear [Healthcare Provider Name],

We are writing to you on behalf of [Name of Organization/Community Group], a group dedicated to improving the health and well-being of our community. We are organizing a community-wide health initiative focused on early detection of Peripheral Artery Disease (PAD) through Ankle-Brachial Index (ABI) screenings, and we invite you to participate.

PAD is a common but often underdiagnosed condition that can lead to significant health problems, including foot ulcers, infections, and even amputation. ABI screening is a simple, non-invasive test that can identify individuals at risk, allowing for timely intervention and potentially preventing serious complications.

To address this critical health need, we are hosting a free ABI screening on:

* **Date:** [Date of Screening]
* **Time:** [Time of Screening]
* **Location:** [Address of Screening]

We are seeking the participation of healthcare providers like you to help make this event a success. Your involvement would be invaluable in providing this essential service to our community members.

Specifically, we are requesting your assistance with the following:

* **Personnel:** We would greatly appreciate it if you could provide [Number] qualified healthcare professional(s) (e.g., nurses, medical assistants, vascular technicians) to perform the ABI screenings.
* **Equipment (If Needed):** If possible, we would appreciate the use of your ABI machine(s). Please let us know if you are able to provide this equipment. If not, we are working to secure equipment, but knowing your availability will help in our planning.
* **Results Interpretation:** We would need assistance with the interpretation of ABI results. If the personnel you provide are qualified to do this, that would be ideal. Alternatively, please share if you have a different provider who may be available.
* **Follow-up Counseling:** Providing brief counseling to patients with abnormal ABI results regarding the importance of follow-up with their primary care physician would be beneficial.
* **Supplies:** We will provide the necessary supplies, such as blood pressure cuffs, gel (if needed), and patient forms. Please let us know if there are any specific supplies your team requires.

In return for your participation, we would be pleased to offer the following:

* **Recognition:** Your organization can be recognized in all promotional materials, including flyers, posters, and media releases, as a valued partner in this important community health initiative.
* **Volunteer Hours:** We can provide documentation of volunteer hours for your staff.
* **Networking:** This event will provide an opportunity to network with other healthcare professionals and community leaders.
* **Community Goodwill:** Your participation will demonstrate your organization's commitment to the health and well-being of our community.

We understand that your time is valuable, and we greatly appreciate your consideration of this request. We believe that this ABI screening will make a significant positive impact on the health of our community, and we hope you will join us in this effort.

Please contact [Name] at [Phone Number] or [Email Address] by [Response Deadline] to let us know if you are available to participate or if you have any questions.

Thank you for your dedication to the health of our community.

Sincerely,

[Name]

[Title]

[Name of Organization/Community Group]