

## Appendix 4.1

# Physician Letter of Invitation to Information Session

Date

Dr. XX

Address

City, Province

Postal Code

Dear Dr. XX,

**Re: Information Session on the Implementation of the Cardiovascular Health Awareness Program (CHAP) in Community Name**

### **Time, Date, Location of Information Session**

You are invited to an information session to be held at place on date at time. Dr. Name of Physician Opinion Leader will be providing local physicians with an overview of the Cardiovascular Health Awareness Program (CHAP), which is currently being implemented in name of community.

A brief description of CHAP is provided on the attached page. During the Information Session, Dr. **Name of Physician Opinion Leader** will provide insights into the importance of the prevention and control of high blood pressure in family practice, as well as the details of CHAP.

After the Information Session presentation and question & answer period, physicians in attendance will be asked to indicate their willingness to participate in CHAP in **name of community**. Physicians who are unable to attend this Information Session will be contacted separately regarding their participation in CHAP.

Additional information about CHAP can be found at [www.chaprogram.ca](http://www.chaprogram.ca)

Please RSVP this invitation by contacting **name**, Local CHAP Coordinator, at **telephone number, e-mail address**.

Sincerely,

*Signature*

**Name of Local Physician Opinion Leader**

Enclosure: CHAP Fact Sheet

C.c. **Name**, CHAP Program Manager

**Name**, Local CHAP Coordinator