

[Organization/Clinic Name]  
[Department Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

**Subject: Advisory for Preventive Health Screening Retesting**

Dear [Patient Name],

We are writing to follow up on your recent preventive health screening conducted on [Date of Original Screening].

After reviewing your results for [Name of Test, e.g., Blood Glucose, Cholesterol, Blood Pressure], we recommend that you schedule a follow-up retest. Please note that a retest does not necessarily indicate a medical problem. It is a standard preventive measure used to confirm initial findings, monitor fluctuations, or ensure the most accurate data for your health profile.

**Recommended Retest Information:**

- **Type of Test:** [Test Name]
- **Recommended Window:** [e.g., Within the next 14 days]
- **Preparation:** [e.g., Fasting for 8 hours / No special preparation required]

Please contact our office at [Phone Number] or visit our online portal at [URL] to schedule your appointment. If you have already scheduled this retest, please disregard this notice.

Early detection and consistent monitoring are the most effective tools for maintaining your long-term health. We look forward to seeing you soon.

Sincerely,

[Provider Name/Signature]  
[Title]  
[Organization Name]