[Date]

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

Subject: Reminder of Your Upcoming Annual Physical Examination

Dear [Patient Name],

This is a reminder that you have an appointment scheduled for your annual physical examination with [Doctor's Name].

Appointment Details:

- Date: [Date of Appointment]
- Time: [Time of Appointment]
- Location: [Clinic/Hospital Name and Address]

Your annual check-up is an important part of maintaining your long-term health and wellness. Please arrive 15 minutes early to complete any necessary paperwork.

Important Instructions:

- Please bring a current list of all medications and supplements you are taking.
- Fast for [Number] hours prior to your appointment if blood work is required.
- Bring your current insurance card and a valid photo ID.

If you need to reschedule or cancel this appointment, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you soon.

Sincerely,

[Your Name/Clinic Name]
[Phone Number]
[Website]