[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Reminder: Upcoming Chronic Disease Management Appointment

Dear [Patient Name],

This is a reminder regarding your upcoming appointment for your [Name of Condition, e.g., Diabetes/Hypertension] management review.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Provider:** [Doctor/Nurse Name]

These regular reviews are essential to ensure your treatment plan is effective and to help prevent future health complications.

Before your appointment, please remember to:

- Bring all your current medications or an up-to-date list.
- [Optional: Complete blood tests at the lab at least 3 days prior.]
- [Optional: Bring your home blood pressure/glucose monitoring logs.]
- Write down any questions or concerns you wish to discuss.

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

We look forward to seeing you.

Sincerely,

[Staff Name/Signature]
[Practice Name]