

Date: [Insert Date]

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

Subject: Reminder: Your Upcoming Annual Health Checkup

Dear [Patient Name],

This letter is to confirm your upcoming annual health checkup appointment scheduled with [Doctor Name]. Periodic health examinations are essential for maintaining your well-being and detecting potential health issues early.

Appointment Details:

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

Instructions for your visit:

- Please arrive [15] minutes early to complete any necessary paperwork.
- Bring your current insurance card and a valid photo ID.
- Bring a list of any medications or supplements you are currently taking.
- [Optional: Please fast for 8 hours prior to your appointment if blood work is required.]

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/Office Name]
[Clinic Name]
[Phone Number]