

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Confirmation of Your Annual Physical Examination

Dear [Patient Name],

This letter is to confirm your upcoming annual physical examination with [Doctor Name] at [Clinic/Practice Name].

Appointment Details:

- Date: [Date of Appointment]
- Time: [Time of Appointment]
- Location: [Full Office 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 complete list of your current medications, including dosages.
- [Optional: Please fast for 8-12 hours prior to your appointment for blood work.]

Annual exams are an essential part of your long-term health and preventative care. We look forward to seeing you.

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

Sincerely,

[Doctor or Office Name]

[Clinic Name]

[Phone Number]