

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Your Comprehensive Annual Health Assessment

Dear [Patient Name],

Our records show that you are due for your Comprehensive Annual Health Assessment. This visit is an important part of maintaining your long-term health and wellness.

During this appointment, we will:

- Review your current health status and medical history.
- Update your list of medications and immunizations.
- Perform necessary health screenings and checks.
- Discuss personalized goals for the upcoming year.

This assessment is often covered by insurance providers at no additional cost to you. Please contact your provider to verify your specific benefits.

To schedule your appointment, please call our office at [Phone Number] or visit our online portal at [Website URL].

We look forward to seeing you and helping you stay healthy.

Sincerely,

[Doctor/Clinic Name]

[Clinic Address]

[Phone Number]