

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Your Annual Senior Wellness Physical Appointment

Dear [Patient Name],

Maintaining your health is our top priority. Our records show that it is time for your Annual Senior Wellness Physical. This visit is an important opportunity to review your overall health, manage chronic conditions, and discuss any new concerns.

Your appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor/Provider Name]
- **Location:** [Clinic Name/Address]

Please prepare for your visit by doing the following:

- Bring a complete list of your current medications and dosages.
- Bring a list of any vitamins or supplements you are taking.
- Write down any health concerns or questions you would like to discuss.
- Fast for [Number] hours before the appointment (if lab work is required).
- Bring your insurance card and a photo ID.

If you need to reschedule or cancel this appointment, please call 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]