

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder to Schedule Your Annual Physical Exam

Dear [Patient Name],

It is time to schedule your annual physical examination with [Doctor's Name] at [Practice Name]. Regular check-ups are essential for monitoring your overall health and preventing future medical issues.

During this visit, we will:

- Review your medical history and current medications.
- Perform a physical exam and check your vital signs.
- Order necessary screening tests or lab work.
- Discuss any health concerns or goals you may have.

Most insurance plans cover one wellness exam per year at no cost to you. Please contact your provider to verify your specific coverage.

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 soon.

Sincerely,

[Doctor's Name/Office Staff Name]

[Practice Name]