

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

This letter is a reminder that you are due for a follow-up appointment regarding your [Condition Name, e.g., Diabetes, Hypertension] management.

Regular check-ups are an essential part of managing your health and preventing future complications. During this visit, we will review your current symptoms, evaluate your recent test results, and adjust your treatment plan if necessary.

Please contact our office at [Phone Number] to schedule your appointment. If you have already scheduled an appointment, please disregard this notice.

Please remember to bring the following to your visit:

- A current list of all medications and supplements.
- Your recent home monitoring logs (e.g., blood sugar or blood pressure readings).
- Any specific questions you have regarding your health.

We look forward to seeing you soon and continuing to work with you on your health goals.

Sincerely,

[Provider Name or Clinic Staff]
[Clinic Name]