

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Annual Hypertension Management Follow-Up Reminder

Dear [Patient Name],

Our records indicate that it is time for your annual hypertension (high blood pressure) follow-up evaluation. Regular monitoring is essential to ensure your blood pressure remains within a healthy range and to adjust your treatment plan if necessary.

Please contact our office at [Phone Number] to schedule your appointment. During this visit, we will:

- Review your current blood pressure readings.
- Discuss any symptoms or concerns you may have.
- Review your current medications and dosages.
- Order any necessary blood work or diagnostic tests.

If you have already scheduled this appointment, please disregard this notice. We look forward to seeing you soon.

Sincerely,

[Doctor's Name/Clinic Name]

[Phone Number]

[Clinic Website]