

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Quarterly Chronic Condition Follow-Up Appointment

Dear [Patient Name],

Our records indicate that it is time for your quarterly follow-up appointment regarding the management of your chronic health condition(s).

Regular check-ups are essential to monitor your progress, adjust medications if necessary, and ensure you are meeting your health goals. These visits allow us to address any new symptoms or concerns you may have before they become more serious.

Please contact our office at [Phone Number] to schedule your appointment.

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

Sincerely,

[Provider Name or Practice Name]

[Clinic Phone Number]

[Clinic Address]