

[Practice Name]  
[Practice Address]  
[Phone Number]  
[Date]

Patient Name: [Patient Name]  
Patient ID: [Patient ID]

Dear [Patient Name],

This is a reminder that it is time for your comprehensive chronic care follow-up appointment. Our records indicate that your last visit was on [Date of Last Visit].

Regular monitoring is essential to managing your condition(s) effectively. During this appointment, we will:

- Review your current health status and any new symptoms.
- Evaluate the effectiveness of your current medications.
- Perform necessary lab work or diagnostic tests.
- Adjust your personalized care plan to ensure optimal health.

Maintaining a consistent follow-up schedule helps prevent complications and ensures you are receiving the most up-to-date treatment for [Specific Condition, e.g., Diabetes/Hypertension].

Please contact our office at [Phone Number] to schedule your appointment. You may also book online through our patient portal at [Website URL].

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

Sincerely,

[Provider Name/Signature]  
[Title]  
[Practice Name]