

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: First Notice - Reminder to Schedule Your Annual Well-Woman Exam

Dear [Patient Name],

This is a friendly reminder from [Clinic/Provider Name] that it is time to schedule your annual Well-Woman preventative care appointment. Our records show that your last exam was on [Date of Last Exam] or is due by [Due Date].

Annual preventative exams are essential for maintaining your long-term health. Depending on your age and health history, this visit may include:

- A physical exam and pelvic exam
- Cervical cancer screening (Pap test)
- Breast health clinical exam
- Discussion of preventative screenings (such as mammograms or bone density tests)
- Contraceptive counseling or menopause management
- General health screenings for blood pressure and cholesterol

Most insurance plans cover one preventative well-woman visit per year at no cost to you. Please verify your benefits with your insurance provider if you have any questions regarding coverage.

To schedule your appointment, please call our office at [Phone Number] or book online through our patient portal at [Website URL].

We look forward to seeing you soon and helping you stay healthy.

Sincerely,

[Provider/Clinic Name]

[Phone Number]

[Address]