

SECOND NOTICE

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that we have not yet heard from you regarding your annual Well-Woman preventative care exam. This is a follow-up to our previous reminder sent on [Date of First Notice].

Preventative screenings are essential for maintaining your long-term health and detecting potential issues early. This annual visit typically includes:

- A comprehensive physical exam
- Clinical breast and pelvic exams
- Recommended cancer screenings (such as a Pap test or HPV testing)
- Discussion of reproductive health and contraceptive needs
- Immunization updates and health counseling

Most insurance plans cover one preventative Well-Woman visit per year at no cost to the patient. Please check with your provider to confirm your specific coverage.

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

If you have already scheduled this appointment or have seen another provider recently, please disregard this notice.

Sincerely,

[Provider/Clinic Name]

[Clinic Phone Number]

[Clinic Address]