

FINAL NOTICE

Date: [Insert Date]

Recipient Name: [Insert Patient Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Subject: Urgent Reminder: Your Annual Well-Woman Preventative Care Visit

Dear [Insert Patient Name],

Our records indicate that you have not yet scheduled your annual Well-Woman preventative care appointment for this year. This is our final reminder to encourage you to prioritize your health and wellness.

Preventative care is essential for the early detection of potential health issues. Your Well-Woman visit typically includes:

- A physical exam
- Clinical breast and pelvic exams
- Cervical cancer screening (Pap test/HPV testing) if applicable
- Discussion of reproductive health and contraceptive needs
- Health screenings and immunizations based on your age and history

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

How to schedule:

Please call our office at [Insert Phone Number] or visit our online portal at [Insert Website URL] to book your appointment. Our staff is available [Insert Hours of Operation] to assist you.

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

Sincerely,

[Insert Provider/Clinic Name]

[Insert Contact Information]