

[Doctor Name/Practice Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Important Reminder: Your Comprehensive Milestone Well-Woman Exam

Dear [Patient Name],

Our records indicate that it is time for your comprehensive well-woman preventative care appointment. Staying up to date with these milestone exams is an essential part of maintaining your long-term health and wellness.

During this visit, we will focus on preventative screenings and age-specific health milestones, which may include:

- A comprehensive physical exam.
- Clinical breast and pelvic examinations.
- Cervical cancer screening (Pap and/or HPV testing).
- Discussion of cardiovascular health and bone density.
- Review of immunizations and lab work (cholesterol, glucose, etc.).
- Menopause management or reproductive health counseling.

Most insurance plans cover one annual preventative wellness visit 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 portal at [Website URL].

We look forward to seeing you and helping you reach your next health milestone.

Sincerely,

[Provider Name/Signature]
[Practice Name]