

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Invitation to Schedule Your Annual Wellness Examination

Dear [Patient Name],

At [Practice Name], your health and well-being are our top priorities. Our records show that it is time to schedule your Annual Wellness Examination.

The purpose of this visit is to create or update a personalized prevention plan. During this appointment, we will:

- Review your medical and family history.
- Update your current list of providers and medications.
- Perform routine health screenings and measurements.
- Discuss a schedule for future screenings and immunizations.
- Address any health concerns or lifestyle goals you may have.

Most insurance plans, including Medicare, cover the cost of this annual visit with no out-of-pocket expense to you.

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

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

Sincerely,

[Doctor's Name/Practice Name]

[Office Contact Information]