

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that it is time for your Annual Physical Examination and Medicare Wellness Visit. Regular check-ups are an essential part of staying healthy and maintaining your independence as you age.

During this comprehensive appointment, we will:

- Review your current medications and vaccinations.
- Perform routine screenings for blood pressure, vision, and hearing.
- Discuss preventative care and nutritional needs.
- Address any concerns regarding mobility, balance, or memory.
- Update your personalized prevention plan.

Please bring a complete list of your current medications, including dosages, and any vitamins or supplements you are taking to your appointment.

To schedule your visit, please call our office at [Phone Number] between the hours of [Office Hours]. You may also book your appointment through our online patient portal at [Website URL].

We look forward to seeing you soon and helping you manage your health.

Sincerely,

[Doctor's Name/Clinic Name]

[Clinic Address]

[Phone Number]