

[Doctor Name/Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

Our records indicate that it is time for your Annual Physical Examination. Regular check-ups are a vital part of maintaining your long-term health and preventing potential medical issues before they become serious.

During this comprehensive visit, we will review your overall health, including:

- Blood pressure and cholesterol screening
- Diabetes risk assessment
- Prostate health and cancer screenings (if applicable)
- Review of immunizations
- Discussion of diet, exercise, and lifestyle habits

Your health is our priority. Please call our office at [Phone Number] or visit our online portal at [URL] to schedule your appointment at your earliest convenience.

If you have recently had a physical at another clinic or believe you have received this letter in error, please let us know so we can update your records.

Sincerely,

[Doctor Name/Clinic Signature]