

[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 you are due for your annual physical examination and review of your chronic condition(s). Regular monitoring is essential to managing your health and ensuring your current treatment plan remains effective.

Please contact our office at [Phone Number] to schedule your appointment. When calling, please mention that this is for your "Annual Chronic Condition Review."

Important Instructions:

- Please bring all current medications (including supplements) to your appointment.
- If blood work is required prior to the visit, a lab slip is [enclosed / available at the front desk].
- Please arrive 15 minutes early to update your patient information.

If you have already scheduled this appointment, please disregard this notice. We look forward to seeing you soon.

Sincerely,

[Provider Name/Signature]
[Clinic Name]