

**Date:** [Insert Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that you are due for a routine blood pressure check-up. As a patient identified within a higher-risk category, regular monitoring is essential to manage your health and prevent future complications.

It is important that we obtain an up-to-date reading to ensure your current treatment plan remains effective. Please contact our office to schedule a brief appointment for a blood pressure screening.

**Action Required:**

- Call us at: [Insert Phone Number]
- Online Booking: [Insert Website Link if applicable]
- Visit hours: [Insert Clinic Hours]

If you have recently had your blood pressure checked at a pharmacy or at home, please call us with those readings so we can update your medical file.

Thank you for prioritizing your health. We look forward to seeing you soon.

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]