

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: Important: Your Annual Diabetic Foot Examination is Due**

Dear [Patient Name],

Our records show that you are due for your annual diabetic foot examination. Regular foot checks are a vital part of managing your diabetes and preventing serious complications.

During this appointment, we will check for:

- Changes in circulation or blood flow
- Loss of sensation (nerve damage)
- Skin integrity and early signs of infection
- Structural changes or pressure points

Please contact our office at [Phone Number] to schedule your appointment. If you have already scheduled this exam or have seen a podiatrist recently, please let us know so we can update your medical records.

Early detection is the best way to keep your feet healthy. We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]

[Clinic/Practice Name]

[Phone Number]