

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

**Subject: Recall Notice: Annual Diabetic Eye Screening**

Dear [Patient Name],

Our records indicate that you are due for your annual diabetic retinopathy screening. Regular eye exams are an essential part of managing your diabetes and protecting your vision.

Diabetic retinopathy often has no symptoms in its early stages. This screening involves taking photographs of the back of your eyes to detect any changes or damage to the blood vessels caused by diabetes. Early detection and treatment can prevent permanent vision loss.

**Please contact us to schedule your appointment:**

Phone: [Clinic Phone Number]  
Office Hours: [Office Hours]

**Important Information for your visit:**

- The appointment will last approximately [Duration] minutes.
- We may use eye drops to enlarge your pupils. These drops can make your vision blurry and your eyes sensitive to light for a few hours.
- We recommend that you do not drive yourself home and that you bring sunglasses.

If you have already had an eye screening in the last 12 months, please let us know the date and the name of the clinic so we can update your medical record.

Sincerely,

[Doctor/Clinic Name]  
[Clinic Address]