

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

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

Subject: Reminder: Annual Preventative Well-Woman Examination

Dear [Patient Name],

Our records indicate that it is time for your annual well-woman examination. This visit is a vital part of your preventative healthcare and focuses on maintaining your long-term wellness.

During this appointment, we will review your overall health and may perform services such as:

- A physical examination and vital signs check
- Breast and pelvic examinations
- Cervical cancer screening (Pap smear), if applicable
- Discussion of reproductive health and family planning
- Review of immunizations and age-appropriate screenings

Most insurance plans cover one preventative wellness visit per year at no cost to you. We encourage you to contact our office at [Phone Number] or visit our online portal at [URL] to schedule your appointment.

We look forward to seeing you soon and helping you stay proactive about your health.

Sincerely,

[Provider Name/Practice Name]
[Contact Information]