

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important: Your Preventative Cardiovascular Screening

Dear [Patient Name],

According to our records, you are due for a preventative cardiovascular screening. At [Clinic Name], we prioritize heart health and believe that early detection is the most effective way to prevent heart disease and stroke.

The screening process typically includes:

- Blood pressure check
- Cholesterol (Lipid) panel
- Blood glucose (Sugar) test
- Body Mass Index (BMI) assessment
- Discussion of lifestyle factors and family history

These tests provide vital information about your heart health and help us identify potential risks before they become serious problems.

Please contact our office at [Phone Number] or visit our online portal at [URL] to schedule your appointment. If you have recently had these tests performed at another facility, please let us know so we can update your medical records.

We look forward to helping you maintain a healthy heart.

Sincerely,

[Doctor's Name/Provider Name]

[Clinic/Medical Group Name]