[Practice Name]
[Practice Address]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]

Dear [Patient Name],

Our records show that it is time for your routine Senior Fall Prevention Evaluation. As we age, maintaining balance and mobility is essential for staying independent and avoiding serious injury.

During this brief appointment, we will:

- Review your current medications for side effects that may cause dizziness.
- Perform a simple balance and gait assessment.
- Discuss vision health and home safety adjustments.
- Identify specific exercises to strengthen your legs and improve stability.

Preventing a fall before it happens is one of the most important steps you can take for your long-term health. Most insurance plans, including Medicare, cover this preventive evaluation as part of your annual wellness care.

Please call our office at [Phone Number] to schedule your evaluation. We look forward to seeing you soon.

Sincerely,

[Provider Name]
[Practice Name]