[Date]

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

Dear [Patient Name],

Our records indicate that it is time for your follow-up appointment with the **High-Risk Geriatric Fall Prevention Clinic**. Regular evaluations are a vital part of maintaining your independence and reducing your risk of future injuries.

During this appointment, we will:

- Review your current medications.
- Assess your balance, strength, and walking pattern.
- Check your vision and blood pressure.
- Discuss any recent falls or "near-misses."
- Update your personalized safety plan.

Please call our office at **[Phone Number]** to schedule your visit. We recommend bringing your current medications and the footwear you wear most often to this appointment.

If you have already scheduled an appointment or have recently been seen, please disregard this notice.

We look forward to seeing you and helping you stay safe and active.

Sincerely,

[Provider Name/Clinic Name]
[Clinic Address]
[Clinic Phone Number]