[Date]

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

Dear [Patient Name],

Our records indicate that you are due for your annual **Mobility and Fall Risk Evaluation**. At [Clinic Name], we prioritize your safety and independence. As we age, changes in balance, vision, and medication can increase the risk of accidental falls.

The purpose of this appointment is to:

- Assess your current strength and balance.
- Review your current medications for side effects like dizziness.
- Discuss home safety and footwear.
- Create a personalized plan to prevent future falls.

Preventing a fall is one of the most important steps you can take to maintain your health and stay active in your home.

Please call our office at **[Phone Number]** to schedule your evaluation. If you have recently experienced a fall or feel unsteady while walking, please let us know so we can prioritize your visit.

We look forward to seeing you soon.

Sincerely,

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