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

[Date]

[Patient Name]
[Patient Address]

Subject: Important Invitation: Fall Prevention Consultation

Dear [Patient Name],

As part of our commitment to your health and independence, we are contacting you to schedule a Senior Fall Risk Consultation. Maintaining balance and mobility is a vital part of staying active and healthy as we age.

During this brief appointment, your healthcare provider will:

- Review your current medications for side effects that may cause dizziness.
- Perform a simple balance and gait assessment.
- Discuss home safety and vision health.
- Provide personalized recommendations to reduce your risk of falling.

Falls are often preventable, and taking proactive steps now can help you avoid injury and maintain your lifestyle.

Please call our office at [Phone Number] to schedule your "Fall Risk Consultation." This visit is typically covered by Medicare and most insurance plans as part of your wellness benefits.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Signature]
[Practice Name]