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

[Patient Name]
[Patient Address]

Dear [Patient Name],

Our records show that it is time for your bi-annual Fall Risk Assessment. As part of our commitment to your health and independence, we recommend this screening every six months for our geriatric patients.

Falls are a leading cause of injury, but many can be prevented. During this brief appointment, we will:

- Review your current medications.
- Evaluate your balance and walking pace.
- Check your vision and footwear.
- Discuss any recent trips or slips you may have experienced.

Preventing a fall today helps you stay active and independent tomorrow. Please call our office at [Phone Number] to schedule your assessment at your earliest convenience.

Sincerely,

[Provider Name]
[Practice Name]