[Date]

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

Dear [Patient Name],

Our records indicate that it is time for your annual Fall Prevention Assessment. As part of our commitment to your safety and independence, we recommend this routine check-up for all our senior patients.

During this appointment, we will review:

- Your current medications and potential side effects.
- Your balance, walking style, and muscle strength.
- Footwear and vision health.
- Home safety tips to prevent slips and trips.

Falls are a leading cause of injury for seniors, but many can be prevented with simple adjustments. This assessment takes approximately [Number] minutes and is a vital part of your preventative healthcare plan.

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

We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]
[Clinic/Facility Name]