

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Dear [Patient Name],

Our records indicate that your **Annual Cardiovascular Health Assessment** is now due. Regular monitoring is essential for managing your heart health and reducing the risk of future complications.

This assessment typically includes:

- Blood pressure and heart rate check
- Weight and BMI measurement
- Blood tests (cholesterol and glucose levels)
- A review of your current medications
- Discussion regarding lifestyle and risk factors

Please contact our reception desk at [Phone Number] to schedule your appointment. If you have had recent blood work completed at another facility, please let us know when you call.

If you have already scheduled this appointment, please disregard this letter.

Sincerely,

[Doctor or Practice Manager Name]
[Practice Name]