

[Doctor/Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**Subject: Urgent Requirement for Cardiovascular Health Assessment**

Dear [Patient Name],

Our records indicate that you are due for a comprehensive cardiovascular health assessment. Based on your medical history and recent clinical data, you have been identified as being at higher risk for heart-related conditions.

It is important that we review your current health status to manage your risk factors effectively. This assessment will include:

- Blood pressure monitoring
- Cholesterol and lipid profile review
- Blood glucose testing
- Medication review and lifestyle consultation

Early intervention is the most effective way to prevent serious events such as heart attacks or strokes. Please contact our office at [Phone Number] within the next [Number] days to schedule your appointment.

If you have recently had these tests performed elsewhere, please let us know so we can update your medical records.

Yours sincerely,

[Doctor's Name/Practice Manager]  
[Clinic Name]