

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

[Date]

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

Dear [Patient Name],

Our records show that you are due for your annual Cardiovascular Health Assessment. As part of our commitment to your long-term wellness, we recommend this check-up to monitor your heart health and manage any potential risks.

This appointment will include:

- Blood pressure and heart rate monitoring
- Review of current medications
- Blood tests (including cholesterol and glucose levels)
- Discussion of lifestyle and heart-healthy habits

Please call our office at [Phone Number] to schedule your appointment. If you have already had a heart health screening elsewhere in the past six months, please let us know so we can update your medical records.

We look forward to seeing you soon.

Sincerely,

[Doctor Name/Clinic Manager]
[Clinic Name]