

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

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

Subject: Reminder: Your Bi-Annual Cardiovascular Health Assessment

Dear [Patient Name],

Our records indicate that you are now due for your bi-annual cardiovascular health assessment. Regular check-ups are an essential part of managing your heart health and monitoring your blood pressure, cholesterol levels, and overall wellness.

During this appointment, your healthcare provider will review your current medications, discuss any symptoms you may be experiencing, and perform necessary screenings to ensure your treatment plan remains effective.

Please contact our office at [Phone Number] at your earliest convenience to schedule your appointment. Alternatively, you may book online through our patient portal at [Website URL].

If you have recently had a cardiovascular check-up at another facility, please let us know so we can update your medical records.

We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]  
[Clinic Name]