

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

[Date]

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

Dear [Patient Name],

Subject: Important: Your Annual Diabetic Cardiovascular Health Assessment

Our records indicate that you are due for your routine cardiovascular health assessment. As a patient managing diabetes, it is important to monitor your heart health regularly, as diabetes can increase the risk of heart disease and circulation issues.

This appointment will include:

- Blood pressure check
- Cholesterol (lipid) blood test
- Review of your current medications
- Discussion regarding your heart health and lifestyle

Please contact our office at [Phone Number] to schedule your assessment. If you have already had these tests performed elsewhere in the last three months, please let us know so we can update your medical record.

We look forward to seeing you and helping you manage your long-term health.

Sincerely,

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