[Date]

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

Subject: Appointment Reminder: Seasonal Allergy Assessment

Dear [Patient Name],

Our records indicate that it is time for your annual seasonal allergy assessment. With the upcoming allergy season approaching, we would like to review your current symptoms and ensure your management plan is effective.

Regular check-ups allow us to adjust your medications and discuss new treatment options that may improve your quality of life during high-pollen periods.

Please contact our office at [Phone Number] to schedule your appointment. You may also book online through our patient portal at [Website URL].

We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]
[Practice Name]