[Date]

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

Subject: Routine Body Composition Assessment Recall

Dear [Patient Name],

Our records indicate that it is time for your routine Body Composition Assessment. Regular monitoring is an important part of your health management plan to track changes in muscle mass, body fat percentage, and overall physical wellness.

Please contact our office at [Phone Number] or visit our online portal at [URL] to schedule your appointment. This assessment typically takes [Duration, e.g., 15 minutes] to complete.

Appointment Instructions:

- Wear lightweight, comfortable clothing.
- Avoid heavy exercise for [Number] hours prior to the test.
- Ensure you are well-hydrated, but avoid caffeine for [Number] hours before your scan.

If you have already scheduled this appointment or have recently completed this assessment elsewhere, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Clinic Name]
[Contact Information]