

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

[Date]

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

Subject: Annual Hepatitis C Screening Reminder

Dear [Patient Name],

Our records show that it is time for your annual Hepatitis C screening. Routine testing is an important part of your ongoing healthcare management and helps ensure early detection and treatment.

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

If you have already completed this test at another facility recently, please let us know so we can update your medical records.

Thank you for prioritizing your health.

Sincerely,

[Doctor/Provider Name]
[Clinic Name]