

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

[Date]

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

Dear [Patient Name],

Our records indicate that you are due for your routine monitoring and screening appointment related to chronic hepatitis. Regular check-ups are essential for managing your health and monitoring your liver function.

Please contact our office at [Phone Number] to schedule an appointment for the following:

- Blood tests (Liver function and viral load)
- Liver imaging (Ultrasound), if applicable
- Consultation with your healthcare provider

If you have already had these tests performed at another facility recently, please let us know so we can update your medical records.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]