[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 sexually transmitted infection (STI) screening. Regular testing is an important part of maintaining your sexual health and overall well-being.

Many infections do not show immediate symptoms, so we recommend regular check-ups regardless of how you feel. Early detection allows for easier treatment and prevents further complications.

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

If you have recently been tested elsewhere or have any questions, please let us know so we can update your medical record.

Sincerely,

[Provider Name or Clinic Staff]
[Clinic Name]