[Date]

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

Subject: Annual Health Screening Reminder

Dear [Patient Name],

Our records indicate that it is time for your annual sexually transmitted infection (STI) screening. Routine testing is a fundamental part of maintaining your overall health and wellness.

Many STIs do not present immediate symptoms, and regular screening is the most effective way to ensure early detection and treatment. We recommend that all active patients complete these tests at least once a year.

To schedule your appointment, you may:

- Call our office at [Phone Number]
- Book online through the patient portal at [Website URL]
- Visit our walk-in lab during regular business hours

Your privacy is our priority, and all testing and results remain strictly confidential. If you have already completed your screening elsewhere or have questions regarding these tests, please contact us so we can update your medical record.

Sincerely,

[Provider Name or Clinic Name]
[Contact Information]