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

[Date]

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

Subject: Reminder for Follow-Up Screening

Dear [Patient Name],

This is a confidential reminder from [Clinic Name] regarding your routine healthcare. According to our records, you are now due for a follow-up Sexually Transmitted Infection (STI) screening.

Regular follow-up testing is a standard part of your preventative health plan to ensure your continued well-being and to confirm the effectiveness of any previous treatments.

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

If you have already completed this testing elsewhere, 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]