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

[Date]

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

Dear [Patient Name],

This letter is a reminder regarding your follow-up care. Our records indicate that you recently completed treatment for a sexually transmitted infection (STI).

As part of your recovery and to ensure the effectiveness of your treatment, it is important to undergo a repeat screening. This follow-up test is recommended to confirm that the infection has been fully cleared and to ensure your ongoing sexual health.

Please contact our office at [Phone Number] to schedule your repeat screening appointment. We recommend scheduling this as soon as possible or by [Date].

If you have already completed this follow-up at another clinic or have questions regarding this request, please let us know so we can update your medical records.

Your health and privacy are our top priorities. We look forward to hearing from you.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]