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

[Date]

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

Subject: Routine Health Screening Reminder

Dear [Patient Name],

Our records indicate that you are due for your routine comprehensive sexually transmitted infection (STI) screening. Regular testing is a vital part of maintaining your overall sexual health and wellness.

Many infections do not show immediate symptoms, and early detection is key to effective treatment and preventing further complications. This comprehensive screen typically includes testing for:

- Chlamydia and Gonorrhea
- Syphilis
- HIV
- Hepatitis B and C

Please contact our office at [Phone Number] or visit our online portal at [URL] to schedule your appointment. If you have recently completed this screening at another facility, please let us know so we can update your medical records.

Thank you for prioritizing your health.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]