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

[Date]

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

**Subject: Reminder for Your Quarterly Health Screening**

Dear [Patient Name],

This letter is a routine reminder that you are now due for your quarterly sexually transmitted infection (STI) screening. Regular testing is an important part of maintaining your sexual health and wellbeing.

Our records indicate that your last screening was approximately three months ago. We recommend scheduling an appointment at your earliest convenience to stay up to date with your preventative care plan.

To book your appointment, you can:

- Call our office at [Phone Number]
- Book online through our patient portal at [Website URL]
- Visit our clinic during walk-in hours: [Insert Hours]

Most screenings are quick and confidential. If you have any questions or if your contact information has changed, please let us know.

Thank you for prioritizing your health.

Sincerely,

[Provider Name or Clinic Team]
[Clinic Name]