

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that you are due for your annual Wellness Visit and Depression Screening. At [Clinic Name], we believe that mental health is just as important as physical health. This routine check-up is a key part of your overall preventative care.

The appointment will include:

- A review of your current health status and medications.
- Vital signs and physical measurements.
- A confidential mood and depression screening.
- Discussion of any health goals or concerns you may have.

Most insurance plans cover these screenings at no cost to you as part of your preventative benefits. Please check with your provider to confirm your coverage.

To schedule your appointment, please call our office at [Phone Number] or book online through the patient portal at [Website URL].

We look forward to seeing you soon and helping you maintain your best health.

Sincerely,

[Provider Name/Clinic Name]

[Phone Number]

[Clinic Address]