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

[Date]

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

Dear [Patient Name],

Our records indicate that it is time for your annual routine glaucoma and vision screening. Regular eye examinations are essential for maintaining your eye health and ensuring your prescription is up to date.

Because glaucoma often has no early symptoms, consistent monitoring is the best way to prevent permanent vision loss. During this appointment, we will perform a comprehensive assessment of your internal eye pressure, optic nerve health, and visual acuity.

Please contact our office at [Phone Number] or visit our website at [Website URL] to schedule your appointment. We recommend scheduling at your earliest convenience to ensure your preferred time slot.

If you have recently had an eye exam elsewhere or have already scheduled an appointment, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Doctor's Name/Practice Name]