[Date]

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

Subject: Reminder for Your Glaucoma and Vision Care Appointment

Dear [Patient Name],

Our records indicate that it is time for your follow-up eye examination. Regular monitoring is essential in managing glaucoma and maintaining your overall vision health.

Because glaucoma often has no early symptoms, consistent check-ups allow us to measure your intraocular pressure, assess your optic nerve, and adjust your treatment plan if necessary to prevent vision loss.

Please contact our office at **[Phone Number]** to schedule your appointment. You may also book online at **[Website URL]**.

If you have already scheduled an appointment or have recently been seen by another specialist, please let us know so we can update our records.

We look forward to seeing you soon.

Sincerely,

[Doctor's Name/Clinic Name]
[Clinic Address]
[Phone Number]