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

[Date]

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

Subject: Reminder - Overdue Routine Glaucoma and Vision Screening

Dear [Patient Name],

Our records indicate that you are now overdue for your routine glaucoma and vision screening. Your last exam was completed on [Date of Last Exam].

Regular screenings are essential because glaucoma often has no early symptoms. Early detection is the only way to prevent permanent vision loss. During this appointment, we will check your intraocular pressure, examine your optic nerve, and update your vision prescription.

Please contact our office at [Phone Number] or visit our website at [Website URL] to schedule your appointment. If you have already scheduled a visit or are seeing another specialist, please let us know so we can update your file.

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

Sincerely,

[Doctor's Name/Clinic Manager]
[Clinic Name]