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

[Date]

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

Subject: Important Reminder: Your Preventive Glaucoma and Vision Health Screening

Dear [Patient Name],

Our records indicate that it is time for your routine preventive glaucoma and vision health screening. Regular eye examinations are essential for maintaining your sight and detecting potential issues early.

Glaucoma is often called the "silent thief of sight" because it frequently has no warning signs or symptoms in its early stages. Because vision loss from glaucoma is permanent, early detection through comprehensive testing is the best way to protect your eye health.

During this screening, we will perform the following:

- Intraocular pressure measurement
- Optic nerve evaluation
- Visual field assessment
- General vision acuity check

Please contact our office at [Phone Number] or visit our website at [Website URL] to schedule your appointment. We recommend completing this screening by [Target Date].

If you have already scheduled an appointment or have recently had an exam elsewhere, please let us know so we can update your records.

We look forward to seeing you soon and helping you maintain healthy vision.

Sincerely,

[Doctor Name/Clinic Signature]
[Practice Name]