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

Subject: Reminder - Your Glaucoma and Vision Assessment is Due

Dear [Patient Name],

Our records indicate that it is time for your scheduled glaucoma and comprehensive vision assessment. Regular monitoring is essential in managing eye health and preventing potential vision loss.

This appointment will include:

- Intraocular pressure measurement
- Optic nerve evaluation
- Visual field testing (if applicable)
- General vision and prescription check

Please contact our office at [Phone Number] or visit our website at [Website URL] to schedule your appointment. Early detection and consistent follow-up are the most effective ways to protect your sight.

We look forward to seeing you soon.

Sincerely,

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