[Practice Name]
[Practice Address]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]

Dear [Patient Name],

Our records show that it is time for your follow-up glaucoma and vision screening. Regular monitoring is essential to managing your eye health and preserving your vision.

Early detection of changes in eye pressure or vision allows us to adjust your treatment plan effectively. We recommend that you schedule your appointment within the next [Number] weeks.

Please call our office at [Phone Number] to book a convenient time for your examination. If you have already scheduled an appointment, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Doctor Name/Practice Name]
[Practice Website]