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

[Date]

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

Subject: Appointment Reminder: Biannual Routine Glaucoma and Vision Evaluation

Dear [Patient Name],

Our records indicate that it is time for your biannual routine glaucoma and vision evaluation. Regular monitoring is essential to tracking your eye health and ensuring the effectiveness of your current management plan.

Your comprehensive exam will include:
- Intraocular pressure (IOP) measurement
- Visual field testing
- Optic nerve assessment
- Visual acuity and refraction check

Please call our office at [Phone Number] or visit our online portal at [Website] to schedule your appointment. If you already have an appointment scheduled, please consider this a friendly reminder of your upcoming visit.

Please bring your current eyeglasses and a list of any medications you are currently taking to your appointment.

We look forward to seeing you soon.

Sincerely,

[Doctor Name/Clinic Staff Name]
[Clinic Name]