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

Subject: Reminder: Routine Glaucoma and Vision Screening Appointment

Dear [Patient Name],

This is a friendly reminder from [Clinic/Doctor Name] regarding your upcoming routine eye examination and glaucoma screening.

Your appointment is scheduled for:
Date: [Appointment Date]
Time: [Appointment Time]
Location: [Office Address/Suite Number]

Regular eye exams are essential for maintaining your vision and detecting conditions like glaucoma early, as it often has no symptoms in its initial stages. During this visit, we will perform a comprehensive vision check and measure your intraocular pressure.

Please remember to bring the following to your appointment:

- Your current eyeglasses or contact lenses
- A list of any current medications
- Your insurance card and photo ID

If you need to reschedule or cancel this appointment, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to seeing you soon.

Sincerely,
[Doctor/Clinic Name]
[Phone Number]
[Website]