URGENT: MEDICAL RECALL NOTICE

Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient ID: [Insert ID Number]

Subject: Urgent Glaucoma and Vision Screening Required

Dear [Insert Patient Name],

Our records indicate that you are overdue for a critical glaucoma and vision screening. Based on your medical history, it is vital that you undergo these tests immediately to prevent potential permanent vision loss.

Glaucoma is often referred to as the "silent thief of sight" because it frequently presents no symptoms until significant damage has occurred. Early detection is the only way to manage intraocular pressure and preserve your eyesight.

Please contact our office at [Insert Phone Number] within the next 48 hours to schedule your priority appointment.

Appointment Details:
Facility: [Insert Clinic Name]
Address: [Insert Clinic Address]

If you have already had this screening performed elsewhere in the last three months, please notify us so we may update your medical records.

Sincerely,

[Insert Doctor/Provider Name]
[Insert Department Name]
[Insert Organization Name]