[Date]

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

Subject: Important: Your Comprehensive Glaucoma and Vision Screening

Dear [Patient Name],

According to our records, you are due for your comprehensive glaucoma and vision screening. Regular eye examinations are essential for maintaining your eye health and preserving your sight.

Glaucoma is often called the "silent thief of sight" because it frequently has no warning signs or symptoms in its early stages. A comprehensive screening is the only way to detect early changes in eye pressure or optic nerve health, allowing for timely intervention and treatment.

Your upcoming appointment will include:

- Tonometry to measure eye pressure
- Ophthalmoscopy to examine the optic nerve
- Visual field testing
- Pachymetry to measure corneal thickness
- A general vision assessment and prescription check

Please contact our office at [Phone Number] or visit our website at [Website URL] to schedule your appointment. We recommend booking as soon as possible to ensure your preferred time slot.

We look forward to seeing you and helping you maintain your vision.

Sincerely,

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