[Date]

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

Dear [Patient Name],

Our records indicate that it is time for your routine glaucoma and vision checkup. Periodic eye examinations are essential for monitoring your eye pressure and ensuring your vision remains stable.

Because glaucoma often has no early symptoms, consistent monitoring is the best way to prevent permanent vision loss. During this appointment, we will perform a comprehensive eye exam, including a pressure check and an evaluation of your optic nerve.

Please contact our office at [Phone Number] or visit our website at [Website URL] to schedule your appointment. We recommend booking your visit within the next [Number] weeks.

If you have already scheduled an appointment or have recently seen another eye care specialist, please let us know so we can update your records.

We look forward to seeing you soon.

Sincerely,

[Doctor's Name/Practice Name]
[Practice Phone Number]
[Practice Email]