[Practice Name]
[Practice Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Dear [Patient Name],

Thank you for visiting us on [Date of Visit] for your Medicare Annual Wellness Visit. It was a pleasure to discuss your current health and your goals for the upcoming year.

Attached to this letter, you will find your Personalized Prevention Plan. This summary includes:

- A list of your current medical providers and suppliers.
- Your current medications and supplements.
- Updated vital signs, including height, weight, and blood pressure.
- A schedule for recommended screenings and immunizations over the next 5 to 10 years.
- Health advice based on your specific risk factors.

Action Items and Follow-up:

[Insert specific doctor recommendations here, e.g., schedule colonoscopy, start vitamin D, etc.]

Please keep this document for your records and share it with any specialists you see. This plan is designed to help you stay healthy and identify any potential issues early.

If you have any questions regarding this summary or your health plan, please call our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Provider Title]