Date: [Current Date]

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

Subject: Reminder: Your Annual Physical Exam is Due

Dear [Patient Name],

Our records indicate that it is time to schedule your annual physical examination. Regular check-ups are essential for maintaining your health and detecting potential issues early.

We have tentatively scheduled your appointment for:

Date: [Appointment Date]
Time: [Appointment Time]
Provider: [Doctor/Provider Name]

Please call our office at [Phone Number] or visit our online portal at [URL] to confirm this time or to reschedule if this date is not convenient for you.

Before your appointment, please remember:

- Fast for [Number] hours prior to your visit (if required).
- Bring a list of your current medications and supplements.
- Bring your current insurance card and a valid ID.

We look forward to seeing you soon.

Sincerely,

[Office Name]
[Phone Number]
[Email Address]