

Heart Health Risk Screening Notification

Date: [Insert Date]

Dear [Patient's Name],

We are committed to your health and well-being. As part of our ongoing efforts to promote heart health, we invite you to participate in our Heart Health Risk Screening program.

This screening is designed to identify any risk factors that may affect your heart health and can help guide you towards preventive care. The screening will include:

- Blood pressure measurement
- Cholesterol level assessment
- Body mass index (BMI) calculation
- Family health history review

Please schedule an appointment at your earliest convenience by calling our office at [Insert Phone Number] or responding to this letter.

We look forward to helping you maintain a healthy heart!

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]