

# Routine Vision Assessment Reminder

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder that it is time for your routine vision assessment.

Appointment Details:

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Clinic Address]

Please bring your previous glasses or contacts and any relevant medical information to your appointment.

If you need to reschedule, feel free to contact us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for choosing [Clinic Name] for your eye care needs. We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]