

Chronic Disease Assessment Notification

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are reaching out to inform you that it is time for your chronic disease assessment. This assessment is crucial for monitoring your health and ensuring that you receive the most appropriate care for your condition.

Details of the assessment are as follows:

- Date of Assessment: [Insert Date]
- Time: [Insert Time]
- Location: [Insert Location]

Please ensure that you bring any necessary medical documentation and current medications with you.

If you have any questions or need to reschedule, feel free to contact us at [Insert Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]