

Visual Health Screening Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to inform you that a visual health screening will be conducted on [Insert Date of Screening] at [Insert Location]. This screening is an important step in ensuring your eye health and detecting any potential issues at an early stage.

Please find the details of the screening below:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location]
- **Duration:** Approximately [Insert Duration]

We encourage you to attend this screening as it will help in maintaining your vision health. Please confirm your attendance by [Insert Confirmation Deadline].

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

Thank you for prioritizing your health.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]