

**GREETINGS FROM YOUR OPTOMETRIST, \_\_\_\_\_**

**LOCATED AT \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_**

*This is to remind you that it is time for your:*

- ☐ Annual Eye Exam
- ☐ Check up for \_\_\_\_\_
- ☐ Glasses/Contacts Renewal

☐ Our records show that your prescription for \_\_\_\_\_ will expire on \_\_\_\_\_  
☐ \_\_\_\_\_. Please call our office to schedule an appointment to avoid a lapse in your medication.

*We are currently scheduling for the following time period:*

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

*Please write your appointment below as a convenient reference:*

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