

PRACTICE NAME

Address1, Address2, Address3, Town, County, Postcode.

Tel: 00000 000000 Email:aaaa.aaaaa@aaaaaa.aa.aa

«Title» «Initials» «Surname»

«Address1»

«Address2»

«Address3»

«Town»

«County»

«Postcode»

12 January, 2017

Dear «Salutation»

It's time for your contact lens examination

Your contact lens examination is now due. Please telephone the practice to make an appointment or, alternatively, call in person.

At <<PRACTICE NAME>> we recommend that you have regular contact lens examinations to help maintain the health and comfort of your eyes. It will also give us the opportunity to offer reliable aftercare advice and also address any issues that you may be having with your current lenses.

As contact lens technology is constantly changing, following your examination, we will also be able to discuss the new types of lenses available that are most suitable for your vision and lifestyle needs.

We look forward to seeing you soon.

Yours sincerely

OPTICIANS NAME

OPTICIANS SIGNATURE