

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Subject: Neurology Seizure Follow-Up Appointment

Dear [Patient Name],

This letter is to confirm your upcoming follow-up appointment with the Neurology Department to monitor your seizure activity and review your current treatment plan.

**Appointment Details:**

- Date: [Appointment Date]
- Time: [Appointment Time]
- Provider: [Provider Name]
- Location: [Clinic Name/Address]

**To prepare for this visit, please bring the following:**

- Your seizure diary or a log of any episodes since your last visit.
- A list of all current medications and dosages.
- Any recent lab work or imaging results performed at other facilities.
- A witness to your seizures, if possible, to provide a description of the events.

Please arrive 15 minutes early to complete any necessary paperwork. If you need to reschedule, call our office at [Phone Number] at least 24 hours in advance.

Sincerely,

[Provider/Clinic Name]

[Department Name]

[Phone Number]