

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Appointment Notification

Dear [Patient Name],

Our records indicate that it is time to schedule your follow-up neurology appointment with [Doctor Name]. Periodic evaluations are necessary to monitor your condition and adjust your treatment plan as needed.

Please contact our office at [Phone Number] to schedule your visit. We recommend booking within the next [Number] days to ensure your preferred time is available.

**Appointment Details:**

- Reason: [Routine Check-up / Test Results / Medication Review]
- Location: [Clinic Address/Suite Number]
- Required Actions: [e.g., Bring current medications / Complete blood work]

If you have already scheduled this appointment, please disregard this letter. If you have any questions, do not hesitate to call us.

Sincerely,

[Staff Name/Department]

[Clinic Name]