[Doctor or Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Confirmation of Upcoming Follow-Up Assessment

Dear [Patient Name],

This letter is to confirm your upcoming follow-up assessment appointment scheduled for:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Clinic Name/Room Number]

The purpose of this visit is to review your progress, discuss any concerns regarding your ongoing treatment plan, and perform a routine assessment.

Please remember to bring the following to your appointment:

- A list of your current medications.
- Any recent test results from other providers.
- Your insurance card and photo identification.

If you need to reschedule or cancel this appointment, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Doctor's Name/Office Staff Name]
[Clinic Name]