[Doctor or Clinic Name]
[Clinic Address]
[Phone Number]

[Date]

To: [Patient Name]
[Patient Address]

Subject: Reminder: Upcoming Post-Operative Checkup

Dear [Patient Name],

This is a reminder regarding your upcoming post-operative follow-up appointment. This checkup is an essential part of your recovery process to ensure you are healing correctly and to address any concerns you may have.

Appointment Details:

- Date: [Date of Appointment]
- Time: [Time of Appointment]
- Location: [Room/Suite Number or Clinic Name]
- Physician: [Doctor's Name]

Please remember to bring any current medications you are taking and a list of questions regarding your recovery. If you have been tracking your symptoms or vitals, please bring those records as well.

If you need to reschedule or cancel this appointment, please contact our office at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you and assisting with your continued recovery.

Sincerely,

[Sender Name/Office Manager]
[Clinic Name]