

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This is a reminder from [Clinic Name] regarding your upcoming scheduled follow-up appointment for your chronic disease management plan.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Doctor/Provider Name]
- **Location:** [Clinic Address/Room Number]

These regular check-ups are essential to monitor your condition, review your medications, and ensure your treatment plan is working effectively for your health.

Please remember to bring the following to your appointment:

- A current list of all medications and dosages.
- Your glucose or blood pressure logs (if applicable).
- Any specific questions you have for your provider.

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

We look forward to seeing you soon.

Sincerely,

[Staff Name/Department]

[Clinic Name]

[Phone Number]