

[Hospital or Clinic Name]
[Department Name]
[Address]
[Phone Number]

[Date]

To: [Patient Full Name]
[Patient Address]

Subject: Follow-Up Appointment Reminder

Dear [Patient Last Name],

This is a reminder regarding your upcoming post-operative follow-up appointment following your recent procedure on [Date of Surgery].

Your Appointment Details:

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

This visit is a vital part of your recovery process to ensure that your healing is progressing as expected and to address any concerns you may have. Please remember to bring a list of your current medications and any questions you wish to discuss with your surgeon.

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

If you experience urgent symptoms such as a high fever, excessive swelling, or severe pain before your appointment, please call our office immediately or seek emergency care.

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

Sincerely,

[Sender Name/Office Manager]
[Clinic Name]