

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Appointment Reminder - Post-Orthopedic Surgery

Dear [Patient Name],

We hope your recovery is progressing well since your recent orthopedic procedure on [Date of Surgery].

Our records indicate that it is time for your post-operative follow-up appointment. These visits are a critical part of your recovery process to monitor your healing, check your surgical site, and adjust your physical therapy or medication plan as needed.

Your appointment is scheduled for:

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

Please remember to bring any recent X-rays or imaging results if they were taken at a different facility, and wear comfortable clothing that allows easy access to the surgical area.

If you need to reschedule or have any questions regarding your recovery, please contact our office at [Phone Number] or reply to this email.

Sincerely,

[Provider Name/Clinic Name]

[Phone Number]

[Website]