

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Post-Operative Follow-Up Appointment

Dear [Patient Name],

We hope your recovery is progressing well following your recent surgery on [Date of Surgery].

This letter is a reminder that you are due for a post-operative follow-up appointment. This visit is a critical part of your surgical clearance process to ensure your incisions are healing correctly and to monitor your overall physical recovery.

Your appointment is currently scheduled for:

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Clinic/Hospital Name Address]
- Surgeon/Physician: [Doctor Name]

If you have already scheduled this visit, please keep this letter for your records. If you have not yet confirmed a time, or if you need to reschedule, please call our office at [Phone Number] as soon as possible.

Please bring a list of any medications you are currently taking and any questions you may have regarding your activity levels or return-to-work status.

If you experience any urgent symptoms such as high fever, increased redness, or severe pain at the surgical site before your appointment, please contact us immediately or seek emergency care.

We look forward to seeing you and supporting your full recovery.

Sincerely,

[Your Name/Office Name]

[Contact Information]