

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This is a friendly reminder regarding your scheduled post-operative incision check following your recent procedure on [Date of Surgery].

Appointment Details:

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

The purpose of this visit is to monitor your healing progress, ensure there are no signs of infection, and remove any sutures or staples if necessary. This follow-up is a critical step in your recovery process.

Please contact us immediately at [Phone Number] if you experience any of the following before your appointment:

- Increased redness or swelling around the incision site
- Persistent or foul-smelling discharge
- Fever or chills
- Sudden increase in pain

If you need to reschedule, please give us at least 24 hours' notice. We look forward to seeing you and assisting with your continued recovery.

Sincerely,

[Doctor/Staff Name]

[Department Name]

[Facility Name]