

[Clinic Name]
[Clinic Address]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]

Subject: Reminder: Your Initial Physical Therapy Evaluation

Dear [Patient Name],

This is a reminder regarding your upcoming initial physical therapy rehabilitation appointment at [Clinic Name].

Appointment Details:

- Date: [Date of Appointment]
- Time: [Time]
- Physical Therapist: [Therapist Name]

Please arrive 15 minutes early to complete any necessary paperwork. Remember to bring your photo ID, insurance card, and any physician referrals or imaging reports related to your condition.

We recommend wearing comfortable, loose-fitting clothing and athletic shoes that allow for movement.

If you need to reschedule or cancel, please notify us at least 24 hours in advance at [Phone Number] to avoid any cancellation fees.

We look forward to helping you with your recovery.

Sincerely,

[Clinic Staff Name/Department]
[Clinic Name]