

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

[Date]

To: [Patient Name]
[Patient Address]

Subject: Reminder: Post-Operative Physical Therapy Appointment

Dear [Patient Name],

This is a reminder regarding your upcoming post-operative rehabilitation appointment following your recent surgery.

Appointment Details:

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

Consistent rehabilitation is essential for your recovery and long-term mobility. Please remember to wear comfortable clothing and bring any post-surgical instructions provided by your surgeon.

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

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

Sincerely,

[Sender Name]
[Clinic Name]