

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This is a friendly reminder of your upcoming geriatric physical therapy appointment at [Clinic Name]. We look forward to seeing you and helping you work toward your mobility and wellness goals.

**Appointment Details:**

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Physical Therapist:** [Therapist Name]
- **Location:** [Clinic Address/Suite Number]

**How to Prepare:**

- Please wear comfortable, loose-fitting clothing and sturdy walking shoes.
- Bring your updated list of medications and any walking aids (cane, walker) you currently use.
- Arrive 15 minutes early to complete any necessary paperwork.

If you need to reschedule or cancel, please call us at [Phone Number] at least 24 hours in advance. This allows us to offer the time slot to another patient in need of care.

Thank you for choosing [Clinic Name]. We look forward to working with you.

Sincerely,

[Staff Name/Office Manager]

[Clinic Name]

[Phone Number]