

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment Reminder: Neurological Physical Therapy Rehabilitation

Dear [Patient Name],

This is a reminder of your upcoming neurological physical therapy appointment at [Clinic Name].

Appointment Details:

Date: [Date of Appointment]

Time: [Time]

Provider: [Therapist Name]

To prepare for your rehabilitation session, please remember to:

- Wear comfortable clothing and supportive athletic shoes.
- Bring any assistive devices you use (walker, cane, or orthotics).
- Arrive 10 minutes early to complete any necessary check-in procedures.

If you need to reschedule or cancel this appointment, please contact us at [Phone Number] at least [24/48] hours in advance to avoid any late fees.

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

Sincerely,

[Clinic Name]

[Phone Number]

[Website/Email]