

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment Reminder: Orthopedic Physical Therapy Rehabilitation

Dear [Patient Name],

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

**Appointment Details:**

Date: [Date of Appointment]

Time: [Time of Appointment]

Therapist: [Therapist Name]

Please remember to wear comfortable clothing and athletic shoes that allow for movement. If this is your first visit following surgery or a new injury, please bring any relevant imaging reports or physician protocols.

If you need to cancel or reschedule, please provide at least [Number] hours' notice to avoid a cancellation fee. You can reach us at [Phone Number].

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

Sincerely,

[Clinic Name]

[Clinic Phone Number]

[Clinic Address]