

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Workers' Compensation Rehabilitation Appointment

Dear [Patient Name],

This is a reminder of your upcoming physical therapy appointment regarding your workers' compensation claim.

Appointment Date: [Date of Appointment]

Appointment Time: [Time]

Location: [Clinic Name/Address]

Consistency in your rehabilitation schedule is a critical part of your recovery process and is required for the ongoing management of your workers' compensation benefits. If you are unable to attend, please notify us at least 24 hours in advance.

Please remember to bring any updated paperwork or work status forms provided by your physician.

If you have any questions, please call our office at [Phone Number].

Sincerely,

[Your Name/Clinic Name]

[Contact Information]

cc: [Adjuster Name/Insurance Company]

Claim Number: [Claim Number]