

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This is a reminder of your upcoming Final Physical Therapy Rehabilitation Evaluation. This appointment is a crucial step in your recovery process to assess your progress, measure your outcomes, and establish your discharge plan or home exercise program.

**Appointment Details:**

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

Please arrive 10 minutes early to complete any final outcome measure surveys. Remember to wear comfortable clothing that allows for movement.

If you need to reschedule or cancel this appointment, please provide at least 24 hours' notice by calling us at [Phone Number].

We look forward to celebrating your progress with you.

Sincerely,

[Clinic Name]

[Phone Number]

[Email/Website]