

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Weekly Dialysis Treatment Schedule

Dear [Patient Name],

This is a friendly reminder of your upcoming dialysis treatment sessions for the week of [Start Date] to [End Date].

Your scheduled appointments are as follows:

- [Day of Week]: [Time]
- [Day of Week]: [Time]
- [Day of Week]: [Time]

Location: [Clinic/Center Name]

Please remember to arrive 15 minutes before your scheduled time to complete any necessary check-in procedures. If you are unable to attend any of these sessions, please contact us at [Phone Number] at least 24 hours in advance to reschedule.

Thank you for choosing [Clinic Name] for your care.

Sincerely,

[Staff Name/Department]

[Clinic Name]