

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to confirm your next consecutive routine prenatal appointment. Regular check-ups are essential to monitor the health and development of both you and your baby.

**Appointment Details:**

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Provider:** [Doctor/Midwife Name]
- **Location:** [Clinic/Department Name]

Please remember to bring your prenatal records folder and a list of any questions or symptoms you would like to discuss. If you need to reschedule, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you soon.

Sincerely,

[Staff Name/Office Name]

[Clinic Name]