

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder: Upcoming Intravenous (IV) Infusion Therapy Session

Dear [Patient Name],

This is a friendly reminder regarding your ongoing IV Infusion Therapy series at [Clinic Name].

Our records show that your next appointment is scheduled for:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Address/Suite Number]

To ensure your treatment is as effective as possible, it is important to remain consistent with your infusion schedule. Please remember to arrive 15 minutes early and stay hydrated prior to your visit.

If you need to reschedule or have any questions, please contact us at [Phone Number] or [Email Address] at least 24 hours in advance.

We look forward to seeing you soon.

Sincerely,

[Your Name/Staff Name]

[Clinic Name]

[Phone Number]