

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder for Consecutive Wound Care Treatment

Dear [Patient Name],

This is a reminder regarding your upcoming consecutive wound care appointments at [Clinic Name].

Consistent treatment is critical for the proper healing of your wound and to prevent complications such as infection. Missing scheduled treatments can significantly delay your recovery progress.

Your next appointments are scheduled as follows:

- [Date] at [Time]
- [Date] at [Time]
- [Date] at [Time]

Please remember to bring any specific dressings or medications as previously instructed by your specialist. If you have noticed any increased pain, redness, or discharge from the wound site, please inform us immediately.

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

We look forward to seeing you and assisting with your recovery.

Sincerely,

[Provider/Staff Name]

[Clinic Name]

[Phone Number]