

[Practice Name]  
[Practice Address]  
[Phone Number]  
[Date]

To [Patient Name],

This is a reminder of your upcoming orthodontic adjustment appointment. These regular visits are essential to keep your treatment on track and ensure your teeth are moving according to your plan.

**Appointment Details:**

- Date: [Appointment Date]
- Time: [Appointment Time]
- Location: [Office Location/Room Number]

Please remember to brush and floss your teeth thoroughly before your arrival. If you are wearing elastics or any removable appliances, please bring them with you to the appointment.

If you need to reschedule, please contact us at [Phone Number] at least [24/48] hours in advance to avoid any cancellation fees.

We look forward to seeing you and checking your progress!

Sincerely,

[Doctor/Office Manager Name]  
[Practice Name]