

Date: [Insert Date]

Subject: URGENT: Follow-Up Appointment Rescheduling and Reminder

Dear [Patient Name],

This letter is to follow up regarding your recent visit to [Clinic Name] on [Date of Visit].

Our records indicate that you have a necessary follow-up appointment scheduled for [Original Date] at [Original Time]. Due to [Reason for Change/Administrative Update], we need to reschedule this visit.

Your New Appointment Details:

Date: [New Date]

Time: [New Time]

Location: [Clinic Address/Room Number]

This follow-up is essential to monitor your recovery and review [specific tests/symptoms]. If this new time does not work for you, please contact us immediately at [Phone Number] or visit our online portal at [Website URL] to select an alternative slot.

Important Reminders for Your Visit:

- Please arrive 15 minutes early to complete any necessary paperwork.
- Bring a list of any new medications or symptoms you have experienced since your last visit.
- Bring your photo ID and insurance card.

If you experience any worsening symptoms or a medical emergency before your appointment, please seek immediate care at the nearest emergency room or call 911.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Clinic Staff Name]

[Clinic Name]

[Phone Number]