[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Rescheduling of Your Post-Operative Follow-Up Appointment

Dear [Patient Name],

We are writing to inform you that we need to reschedule your upcoming post-operative follow-up appointment originally set for [Original Date] at [Original Time].

Due to an unforeseen change in the clinic schedule, your new appointment has been set for:

Date: [New Date]
Time: [New Time]
Provider: [Provider Name]

This follow-up is a critical part of your recovery process to ensure that you are healing correctly after your recent procedure. If this new time does not work for you, please contact our office as soon as possible at [Phone Number] to find a more convenient time.

Please remember to bring any relevant medical documents or a list of your current medications to this visit.

We apologize for any inconvenience this change may cause and appreciate your understanding.

Sincerely,

[Staff Name/Department]
[Clinic Name]