[Date]

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

Subject: Important Update Regarding Your Telehealth Appointment Schedule

Dear [Patient Name],

We are writing to inform you of an upcoming change to our telehealth provider schedules. To improve our service efficiency and ensure timely access to care, we are undergoing a schedule realignment effective [Effective Date].

What this means for you:

- Your recurring appointment currently scheduled for [Old Day/Time] will be moved to [New Day/Time].
- Your assigned provider, [Provider Name], [will remain the same / will be transitioning to Provider Name].
- All virtual login links and platform instructions remain unchanged.

We understand that changes to your routine can be inconvenient. If the new scheduled time does not work for you, please visit our patient portal at [URL] or contact our scheduling team at [Phone Number] to select a more convenient slot.

No action is required if the new time listed above is acceptable. You will receive a standard appointment reminder 24 hours before your next visit.

Thank you for your continued trust in our telehealth services.

Sincerely,

[Clinic/Organization Name]
[Contact Information]
[Website]