

[Clinic or Hospital Name]
[Department Name]
[Address]
[Phone Number]

[Date]

To: [Patient Full Name]
DOB: [Patient Date of Birth]
Patient ID: [ID Number]

Subject: Important: Postpartum Routine Blood Pressure Follow-Up

Dear [Patient Name],

Congratulations on the recent birth of your baby. Our records indicate that you are due for a routine postpartum blood pressure check as part of your recovery care plan.

Monitoring your blood pressure after delivery is essential to ensure your continued health and to screen for any late-onset pregnancy-related complications. Early detection allows us to provide timely care if needed.

Action Required:

Please contact our office at [Phone Number] to schedule your appointment. This visit will take approximately [Duration] minutes. If you have been monitoring your blood pressure at home, please bring your log of readings to this appointment.

Urgent Symptoms:

If you experience any of the following symptoms before your appointment, please seek immediate medical attention or call 911:

- Severe headache that does not go away with medication
- Changes in vision (blurriness, seeing spots, or flashing lights)
- Shortness of breath
- Pain in the upper abdomen or chest
- Swelling in the face or hands

If you have already had this check-up or have an appointment scheduled, please disregard this notice.

Sincerely,

[Provider Name/Signature]
[Title]
[Clinic Name]