

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

[Date]

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

Subject: Follow-up Regarding Your Recent Procedure

Dear [Patient Name],

We are writing to follow up on your recovery after your recent outpatient procedure on [Date of Procedure]. Our records indicate that it is now time for your scheduled post-operative check-up.

This appointment is an important part of your care. It allows your healthcare provider to monitor your healing progress, review any test results, and address any questions or concerns you may have regarding your recovery.

Your appointment is currently scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Department/Suite Number]

If you need to reschedule or have not yet made an appointment, please contact our office at [Phone Number] at your earliest convenience.

If you are experiencing any urgent symptoms such as high fever, severe pain, or unexpected bleeding before your appointment, please contact us immediately or seek emergency care.

We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]
[Title]
[Facility Name]