

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that it is time for your follow-up rehabilitation appointment following your orthopedic surgery on [Date of Surgery].

Post-operative rehabilitation is a critical part of your recovery process. This appointment is necessary to monitor your healing progress, assess your range of motion, and adjust your physical therapy plan to ensure the best possible outcome for your [Type of Surgery, e.g., Knee Replacement].

Please contact our office at [Phone Number] to schedule your visit. We recommend scheduling this appointment within the next [Number] days.

If you have already scheduled an appointment or are currently seeing a physical therapist as directed, please disregard this notice.

We look forward to assisting you in your continued recovery.

Sincerely,

[Doctor/Surgeon Name]

[Practice/Clinic Name]

[Phone Number]