

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Final Post-Operative Clearance Appointment

Dear [Patient Name],

Our records indicate that you are due for your final post-operative clearance evaluation following your surgery on [Date of Surgery].

This final visit is a crucial step in your recovery process. It allows Dr. [Surgeon's Name] to perform a comprehensive assessment, confirm that your healing is complete, and officially release you to full activity levels. Failing to complete this final check-up may result in incomplete medical clearance for insurance or employment purposes.

Please contact our office at [Phone Number] at your earliest convenience to schedule this appointment. You may also request an appointment through our patient portal at [Link/URL].

If you have already scheduled this visit or have seen another physician for this clearance, please let us know so we can update your medical record.

We look forward to seeing you and ensuring your recovery is a success.

Sincerely,

[Practice Name]

[Phone Number]

[Email Address]