

[Hospital/Clinic Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: Post-Hospitalization Follow-Up Appointment

Dear [Patient Name],

We are writing to schedule your mandatory post-hospital discharge evaluation following your recent stay at [Hospital Name] from [Admission Date] to [Discharge Date].

The purpose of this evaluation is to review your recovery progress, manage your medications, and address any concerns you may have regarding your transition home. This follow-up is a critical part of your ongoing care plan to ensure your health remains stable and to prevent potential complications or readmission.

Your appointment has been scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Clinic/Office Location]
Provider: [Doctor/Provider Name]

If you need to reschedule this appointment, please contact our office at [Phone Number] as soon as possible.

Please remember to bring the following items to your appointment:

- A current list of all your medications (or the pill bottles themselves).
- Your discharge summary paperwork provided by the hospital.
- A list of any questions or new symptoms you have experienced since returning home.

We look forward to seeing you and supporting your recovery.

Sincerely,

[Signature]

[Printed Name/Title]

[Clinic/Practice Name]