

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

[Date]

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

Re: Post-Hospitalization Follow-Up and Chronic Condition Review

Dear [Patient Name],

We are writing to follow up on your recent discharge from [Hospital Name] on [Discharge Date]. Our records indicate you were treated for concerns related to your [Chronic Condition, e.g., Heart Failure, Diabetes, COPD].

It is important that we schedule a follow-up appointment to review your discharge instructions, adjust your long-term treatment plan, and ensure your medications are correctly managed to prevent future complications.

Proposed Appointment Details:

Date: [Date]
Time: [Time]
Provider: [Doctor Name]

Please bring the following items to your appointment:

- Your hospital discharge summary paperwork.
- All current medications, including those started at the hospital.
- Any logs you keep (e.g., blood pressure or glucose readings).

If the scheduled time does not work for you, or if you have already scheduled this visit, please call our office at [Phone Number] to confirm or reschedule.

If you experience any worsening symptoms or have urgent questions before your appointment, please contact us immediately or seek emergency care if necessary.

Sincerely,

[Provider Signature/Name]
[Title]