

[Hospital or Clinic Name]
[Department of Orthopedic Surgery]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Post-Hospital Discharge Follow-Up Appointment

Dear [Patient Name],

We are contacting you to follow up on your recovery following your recent discharge on [Discharge Date] for [Procedure/Condition]. Monitoring your progress is a vital part of your orthopedic rehabilitation and long-term mobility.

Our records indicate that it is time for your post-hospital recovery assessment. During this visit, your surgeon or physician assistant will evaluate your healing, review your physical therapy progress, and adjust your recovery plan if necessary.

Your appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Name/Room Number]
- **Provider:** [Physician Name]

If you need to reschedule this appointment, please call our office at [Phone Number] at least 24 hours in advance.

Please remember to bring a list of your current medications and any questions you may have regarding your physical activity restrictions or pain management.

We look forward to seeing you and assisting with your continued recovery.

Sincerely,

[Doctor's Name/Office Manager]
[Department Name]