

[Hospital or Clinic Letterhead]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Follow-Up Appointment Reminder

Dear [Patient Name],

We hope you and your baby are doing well following your recent discharge from [Hospital Name] on [Discharge Date].

This letter is a reminder to schedule your postpartum follow-up appointment. This visit is an essential part of your recovery to ensure you are healing correctly and to discuss your physical and emotional well-being.

Your appointment is currently scheduled for:

- Date: [Date]
- Time: [Time]
- Location: [Provider Name/Clinic Address]

If the time above is blank or if you need to reschedule, please call our office at [Phone Number] as soon as possible.

Please seek immediate medical attention if you experience any of the following "Red Flag" symptoms:

- Severe headache that does not go away with medicine.
- Changes in vision (blurriness or seeing spots).
- Pain in the chest or shortness of breath.
- Heavy vaginal bleeding (soaking through a pad in an hour).
- Fever of 100.4F or higher.
- Extreme swelling of the legs or face.
- Thoughts of hurting yourself or your baby.

We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]

[Department Name]

[Contact Information]