[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Subject: Follow-up Appointment - Specialized Geriatric Fall Risk Clinic

Dear [Patient Name],

Our records show that it is time for your follow-up assessment at our Specialized Geriatric Fall Risk Clinic. Regular reviews are an important part of your care plan to help maintain your mobility, independence, and safety.

Your appointment has been scheduled for:

Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Specific Suite or Building]

During this visit, our specialist team will:

- Review your current medications.
- Assess your balance, gait, and strength.
- Update your personalized fall prevention strategy.

Please remember to bring your current medications (or an updated list) and wear comfortable shoes suitable for walking. If you use a walking aid, such as a cane or walker, please bring it with you.

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

We look forward to seeing you soon.

Sincerely,

[Provider Name/Clinic Manager]
[Clinic Name]