

[Hospital or Clinic Name]
[Department Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Post-Operative Cardiovascular Health Assessment

Dear [Patient Name],

Our records indicate that you are due for a post-operative cardiovascular health assessment following your recent procedure on [Date of Procedure].

Regular follow-up assessments are a vital part of your recovery. This appointment allows your medical team to monitor your heart health, review your current medications, and ensure your recovery is progressing as expected.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic/Building Name, Room Number]
- **Physician:** [Doctor Name]

Please bring a current list of all medications you are taking to this appointment. If you need to reschedule or have any questions, please contact our office at [Phone Number] as soon as possible.

We look forward to seeing you and supporting your continued recovery.

Sincerely,

[Doctor or Administrator Name]
[Title]
[Healthcare Facility Name]