[Date]

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

Dear [Patient Name],

Our records indicate that you are due for a follow-up consultation regarding your bariatric care and weight management progress. Regular follow-up appointments are essential to monitor your health, nutritional status, and long-term success.

We would like to schedule an appointment for you to meet with [Doctor/Provider Name] to discuss your recent labs, physical health, and any questions you may have.

Appointment Details:

- Current Status: Recall Due
- Suggested Timeframe: Within the next [Number] weeks

Please contact our office at [Phone Number] to schedule your visit. You may also book your appointment through the patient portal at [Website Link].

Prior to your visit, please ensure you have completed any requested blood work at least [Number] days in advance so we can review the results during your consultation.

We look forward to seeing you soon and continuing to support you on your health journey.

Sincerely,

[Provider Name/Clinic Name]
[Bariatric Department]
[Phone Number]