

[Clinic/Hospital Name]  
[Department Name]  
[Address Line 1]  
[Address Line 2]  
[Phone Number]  
[Date]

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

RE: FOLLOW-UP FOR ANTICOAGULATION THERAPY

Dear [Patient Name],

Following your recent discharge from [Hospital Name] on [Discharge Date], you were prescribed anticoagulation medication (blood thinners). This letter is a reminder that regular blood monitoring is essential to ensure your medication dose is safe and effective.

Our records indicate that you are due for a follow-up appointment to check your [INR/Blood Levels].

**Your Appointment Details:**

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Name/Laboratory Address]

If you cannot attend this appointment, please call us at [Phone Number] to reschedule as soon as possible. Failure to monitor your blood levels can increase the risk of bleeding or blood clots.

Please bring a current list of all your medications to this appointment.

Sincerely,

[Provider Name/Signature]  
[Title]  
[Clinic/Department Name]