

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

[Date]

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

Subject: Routine Follow-Up Appointment for Hypertension Management

Dear [Patient Name],

This letter is to confirm your upcoming routine follow-up appointment to monitor your chronic hypertension (high blood pressure).

**Appointment Details:**

- Date: [Date of Appointment]
- Time: [Time of Appointment]
- Provider: [Doctor/Provider Name]

The purpose of this visit is to review your blood pressure readings, evaluate the effectiveness of your current treatment plan, and discuss any necessary adjustments to your medication or lifestyle goals.

**To prepare for your appointment, please:**

- Bring a log of any blood pressure readings taken at home.
- Bring a complete list of your current medications, including dosages.
- Arrive 15 minutes early to complete any necessary paperwork.

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

We look forward to seeing you and continuing to work together on your health.

Sincerely,

[Provider Name/Signature]  
[Clinic Name]