

Date: [Current Date]

Patient Name: [Patient Name]

Patient ID: [Patient ID]

Procedure Date: [Date of Procedure]

Subject: Reminder: Suture Removal and Healing Assessment Appointment

Dear [Patient Name],

This is a reminder that you are scheduled for a suture (stitch) removal and a post-operative healing assessment.

Appointment Details:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Name/Department]

During this visit, our clinical team will examine the incision site to ensure the wound is healing correctly and safely remove your sutures. This is a critical step in your recovery to prevent infection and minimize scarring.

Before your appointment:

Please continue to follow the wound care instructions provided to you at the time of your procedure. If you notice any of the following symptoms before your scheduled visit, please contact us immediately:

- Increased redness or swelling around the incision
- Pus or unusual discharge
- Severe pain that is not managed by medication
- Fever or chills
- Sutures becoming loose or coming out prematurely

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

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]