[Doctor Name/Clinic Name]
[Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]
[Patient DOB]

Dear [Patient Name],

This letter is regarding your recent visit to the Emergency Room on [Date of ER Visit] at [Hospital Name] for [Reason for Visit/Chief Complaint].

Our records indicate that a follow-up appointment with a Neurology specialist was recommended. We have scheduled an appointment for you as follows:

Date: [Appointment Date]
Time: [Appointment Time]
Location: [Clinic Address/Building Number]

Please bring the following items to your appointment:

- A copy of your ER discharge summary.
- Any imaging results (CDs or reports) from your visit, such as CT or MRI scans.
- A current list of all medications you are taking.
- Your insurance information and photo ID.

If you need to reschedule or have any questions regarding this visit, please contact our office at [Phone Number] at your earliest convenience.

Sincerely,

[Provider Signature]
[Provider Printed Name]
[Department Name]