[Doctor Name or Clinic Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

Date: [Date]

To: [Patient Name]
Address: [Patient Address]

Subject: Follow-up Appointment After Emergency Room Visit

Dear [Patient Name],

We have received notification regarding your recent visit to the Emergency Room on [Date of ER Visit] at [Hospital Name] for [Reason for Visit/Diagnosis].

Our records indicate that you require a surgical follow-up evaluation to monitor your recovery and discuss the next steps in your care. We have scheduled an appointment for you as follows:

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

If you have already scheduled this appointment or have seen our team since your ER visit, please disregard this letter. If you need to reschedule, please call our office at [Phone Number].

Please bring any discharge papers, imaging results (on a CD if possible), or new prescriptions from the Emergency Room to your appointment.

Important: If you experience worsening pain, high fever, redness or drainage from a surgical site, or shortness of breath before your scheduled appointment, please call our office immediately or return to the nearest Emergency Room.

Sincerely,

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