

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Follow-up on [Name of Assistive Device]

Dear [Patient Name],

I am writing to follow up on the [Name of Assistive Device] that was recently prescribed for you on [Prescription Date].

The purpose of this letter is to check your progress and ensure the device is meeting your mobility and safety needs. Please take a moment to consider the following:

- Is the device comfortable and adjusted to your height?
- Are you using the device consistently as instructed?
- Have you experienced any skin irritation or physical discomfort while using it?
- Do you feel more stable or independent when using the device?

If you are experiencing any difficulties, or if the device requires further adjustment, please contact our office at [Phone Number] to schedule a brief follow-up appointment. We want to ensure you are using the equipment safely and effectively.

If the device is working well and you have no concerns, no further action is required at this time. We will review your progress during your next regularly scheduled visit on [Next Appointment Date].

Sincerely,

[Provider Name/Signature]

[Title/Department]

[Facility Name]