

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Regarding Your Recent Fitting

Dear [Patient Name],

It was a pleasure seeing you on [Date of Fitting] for your initial fitting and adjustment of your [Type of Device/Prosthetic/Garment].

As we discussed during your appointment, the first few days of use are critical for ensuring a comfortable and effective fit. We are contacting you to see how you are adjusting to the new equipment and to confirm that you are not experiencing any unexpected discomfort, pressure points, or skin irritation.

Please take a moment to consider the following:

- Is the device comfortable to wear for the recommended duration?
- Are you able to put on and take off the device as instructed?
- Do you have any new questions regarding the care and maintenance of your equipment?

If you are experiencing any pain or if the fit feels incorrect, please contact our office immediately at [Phone Number] to schedule a quick follow-up adjustment. It is common to require minor "fine-tuning" after the initial fitting.

We have your next scheduled progress check on [Date of Next Appointment] at [Time]. If you need assistance before then, do not hesitate to reach out.

Thank you for choosing [Practice/Clinic Name] for your care.

Sincerely,

[Practitioner Name]

[Title]

[Practice/Clinic Name]