

[Date]

[Patient/Client Name]

[Address]

[City, State, Zip Code]

Dear [Patient/Client Name],

I am writing to follow up on the recent fitting and adjustments made to your [Name of Device/Equipment] on [Date of Appointment]. Our goal is to ensure that you experience maximum comfort and optimal functionality with your new equipment.

Now that you have had a few days to use the [Device/Equipment] in your daily environment, please consider the following:

- Are you experiencing any pressure points, skin irritation, or discomfort?
- Does the device feel secure and stable during movement?
- Are you able to put on and remove the device with ease?
- Is the device performing as expected for your specific activities?

It is common for further minor adjustments to be necessary as you acclimate to a new fit. If you are experiencing any issues or if the comfort level is not meeting your expectations, please contact our office at [Phone Number] or [Email Address] to schedule a brief follow-up appointment.

We are committed to your comfort and progress. Thank you for choosing us for your care.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]