

[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

We hope this letter finds you well. We are writing to remind you about your ongoing intravenous (IV) therapy scheduled for [insert date and time]. This treatment is important for [briefly mention purpose, e.g., managing your condition, ensuring proper hydration, etc.].

Please ensure that you arrive 15 minutes early to complete any necessary paperwork and to allow us to prepare for your treatment. Remember to bring [list any items the patient should bring, e.g., insurance documents, a companion, etc.].

If you have any questions or concerns before your appointment, please do not hesitate to reach out. We appreciate your commitment to your health and look forward to seeing you soon.

Best regards,

[Your Name]
[Your Title]
[Your Practice Name]