

[Your Healthcare Facility Name]

[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 message finds you well. We are reaching out to remind you about your upcoming follow-up appointment with [Provider's Name] on [Date] at [Time]. This appointment will take place at [Location].

Please ensure to bring any necessary documents and your current medication list. If you have any questions or need to reschedule, do not hesitate to contact us at [Phone Number].

We look forward to seeing you soon.

Best regards,

[Your Name]

[Your Job Title]

[Your Healthcare Facility Name]