

[Your Clinic Name]  
[Your Clinic 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 are writing to remind you of your upcoming follow-up appointment at [Your Clinic Name].

**\*\*Appointment Details:\*\***

- **\*\*Date:\*\*** [Appointment Date]
- **\*\*Time:\*\*** [Appointment Time]
- **\*\*Location:\*\*** [Clinic Address or Room Number]
- **\*\*Provider:\*\*** [Provider's Name/Title]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at [Phone Number].

We look forward to seeing you!

Best regards,

[Your Name]  
[Your Title]  
[Your Clinic Name]

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**\*\*Sample Letter:\*\***

Sunnyvale Medical Clinic  
123 Health St.  
Sunnyvale, CA 94086  
(123) 456-7890  
info@sunnyvalemedical.com  
October 10, 2023

John Doe

456 Patient Rd.  
Sunnyvale, CA 94086

Dear John Doe,

We are writing to remind you of your upcoming follow-up appointment at Sunnyvale Medical Clinic.

**\*\*Appointment Details:\*\***

- **\*\*Date:\*\*** October 17, 2023
- **\*\*Time:\*\*** 2:00 PM
- **\*\*Location:\*\*** 1st Floor, Room 202
- **\*\*Provider:\*\*** Dr. Jane Smith

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at (123) 456-7890.

We look forward to seeing you!

Best regards,

Emily Brown  
Office Manager  
Sunnyvale Medical Clinic