

[Your Name]  
[Your Title/Position]  
[Your Practice/Clinic Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

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

Dear [Patient's Name],

Subject: Uveitis Follow-Up Appointment

I hope this letter finds you well. This is a follow-up regarding your recent diagnosis of uveitis. We appreciate your cooperation during your last visit and want to ensure you are on the right track for managing your condition.

**\*\*Appointment Date:\*\*** [Insert Date]

**\*\*Time:\*\*** [Insert Time]

**\*\*Location:\*\*** [Insert Clinic Address/Room]

**\*\*Treatment Plan:\*\***

- Medications: [List medications prescribed, dosages, and administration instructions]

- Lifestyle recommendations: [List any lifestyle changes or precautions]

Please keep in mind the following symptoms that require immediate attention:

- Sudden increase in eye redness

- Severe light sensitivity

- Decreased vision

If you experience any of these symptoms, please contact our office immediately at [Phone Number].

We look forward to seeing you at your upcoming appointment. Should you have any questions or concerns in the meantime, do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]