

Follow-Up Exam Appointment Confirmation

Dear [Patient's Name],

We hope this message finds you well. This is to confirm your follow-up exam appointment following your recent surgery.

Appointment Details:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name and Address]

During this visit, we will evaluate your recovery progress, address any concerns, and ensure your healing is on track. Please bring any medications you are currently taking and a list of questions you may have.

If you need to reschedule or require further assistance, do not hesitate to contact our office at [Office Phone Number].

Thank you for your attention, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]