

Post-Operative Assessment Appointment

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about your post-operative assessment appointment following your recent surgery on [Date of Surgery].

Please find the details of your appointment below:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic or Hospital Name, Address]

During this appointment, we will evaluate your recovery and address any concerns you may have. It is important that you bring any medications you are currently taking and a list of any symptoms you have experienced since your surgery.

If you need to reschedule, please contact our office at [Office Phone Number].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic or Hospital Name]