

Follow-Up Appointment Confirmation

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding your recent dental procedure for cavity filling that took place on [Date of Procedure].

Follow-Up Instructions:

- Make sure to avoid chewing on the side of the filling for the next 24 hours.
- If you experience any discomfort, over-the-counter pain relief can be taken as directed.
- Maintain your regular oral hygiene routine but be gentle around the filled area.

Should you notice any unusual symptoms such as increased pain, swelling, or sensitivity, please contact our office promptly.

Next Appointment:

Your next follow-up appointment is scheduled for [Date] at [Time]. Please let us know if you need to reschedule.

Thank you for choosing [Dental Office Name]. We appreciate your trust in us for your dental care.

Best regards,
[Your Name]
[Your Title]
[Dental Office Name]
[Contact Information]