

Patient Health Review Consultation

Patient Name: [Patient's Full Name]

Date: [Consultation Date]

Dear [Patient's Name],

We are writing to confirm your health review consultation scheduled for [Date and Time]. The purpose of this consultation is to assess your current health status and discuss any concerns you may have.

Please bring the following items to your appointment:

- List of current medications
- Any previous medical records relevant to your health
- Questions or concerns you would like to address

Your health is important to us, and we look forward to discussing your overall wellbeing during this consultation.

If you have any questions or need to reschedule, please do not hesitate to contact us at [Clinic Phone Number] or [Clinic Email Address].

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Address]

[Clinic Phone Number]