

# Orthopedic Follow-up Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your follow-up appointment with Dr. [Orthopedic Doctor's Name] regarding your orthopedic care.

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Clinic/Hospital Name]

**Address:** [Clinic/Hospital Address]

Please arrive 15 minutes early to allow for any necessary paperwork. If you need to reschedule your appointment or have any questions, feel free to contact our office at [Office Phone Number].

We look forward to seeing you.

Best regards,

[Your Name]

[Your Title/Position]

[Clinic/Hospital Name]