

Follow-Up Appointment Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

We would like to invite you for a follow-up appointment to discuss the results of your recent neurological examination conducted on [Insert Exam Date]. Your health and understanding of your condition are very important to us, and we want to ensure you have all the necessary information regarding your results.

Please come prepared with any questions you may have, and we will address these during your visit.

Your appointment is scheduled for:

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Clinic/Hospital Name]

If you have any scheduling conflicts, please do not hesitate to contact our office at [Insert Contact Number] to reschedule.

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Contact Information]