

Postnatal Progress Review Appointment

Dear [Patient's Name],

We hope that you and your newborn are doing well. In order to monitor your postnatal progress, we would like to schedule a review appointment. This check-up is essential to ensure that you are recovering well and to address any questions or concerns you may have.

Proposed Date and Time:

[Date] at [Time]

If this time is not convenient for you, please let us know your preferred timings, and we will do our best to accommodate your request.

Thank you for your attention. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]

[Contact Information]