

Postnatal Wellness Check-up Details

Dear [Patient's Name],

We are pleased to schedule your postnatal wellness check-up. Below are the details:

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name & Address]
- **Doctor:** [Doctor's Name]

What to Expect:

During your check-up, we will cover:

- Physical recovery
- Mental health evaluation
- Breastfeeding support
- Birth control options
- Infant care advice

Preparation:

Please bring the following items to your appointment:

- Your medical records
- Any medications you are currently taking
- Questions or concerns you may have

If you have any questions, feel free to contact us at [Contact Information].

We look forward to seeing you!

Best regards,

[Your Name]

[Your Position]

[Clinic/Hospital Name]