

Follow-Up Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you in good health. As part of your ongoing cancer treatment pathway, we would like to confirm your follow-up appointment.

Appointment Details

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Clinic/Hospital Name and Address]

What to Expect

Please Bring

- Your medical records and list of medications.
- Questions or topics you would like to discuss.

If you have any questions or need to reschedule, please contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your commitment to your health and well-being.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]