

Wound Care Assessment Appointment Notification

Date: [Insert Date]

Dear [Patient's Name],

We would like to inform you that your scheduled wound care assessment is set for:

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Clinic/Hospital Name]

Please arrive 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]