

Ongoing Care Review

Date: [Insert Date]

Dear [Patient's Name],

We hope this letter finds you well. As part of our commitment to providing you with the best ongoing care after your recent treatment, we would like to schedule a review appointment.

During this appointment, we will discuss your progress, address any concerns, and adjust your care plan as necessary. It is important to us that you feel supported and informed throughout your recovery.

Please contact our office at [Insert Phone Number] or [Insert Email] to schedule a convenient time for your review. We recommend doing this within the next two weeks.

Thank you for allowing us to be part of your healthcare journey. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Contact Information]