

# Follow-Up Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This letter serves as a follow-up for your recent consultation regarding your hip discomfort.

During your last appointment on [Insert Date of Last Appointment], we discussed your symptoms and reviewed the necessary diagnostic tests. Based on the findings, we recommend the following treatment plan:

- Continue physical therapy sessions twice a week
- Medication for pain relief as prescribed
- Follow up with imaging in [Insert Timeframe] if no improvement

Please schedule a follow-up appointment in [Insert Timeframe] to monitor your progress. If you experience any new symptoms, such as increased pain or swelling, contact our office immediately.

Thank you for choosing our practice. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Contact Information]