

Gastrointestinal Follow-Up Appointment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Insert Patient Name],

We are writing to confirm your follow-up appointment with our gastrointestinal specialist.

Appointment Details:

- Date: [Insert Appointment Date]
- Time: [Insert Appointment Time]
- Location: [Insert Clinic or Hospital Name]

Please bring any relevant medical records and a list of your current medications. If you have any questions or need to reschedule, feel free to contact our office.

Thank you for choosing our practice for your gastrointestinal care.

Sincerely,

[Insert Doctor's Name]

[Insert Practice Name]

[Insert Contact Information]