

# Patient Check-Up Directives

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

**Dear [Patient's Name],**

We would like to remind you of your upcoming check-up. Please review the following directives to ensure a smooth visit:

**Check-Up Date and Time:**

\_\_\_\_\_

**Preparation Instructions:**

- Do not eat or drink anything for at least 8 hours prior to your appointment, unless instructed otherwise.
- Bring a list of any medications you are currently taking.
- Wear comfortable clothing that allows for easy examination.
- Arrive at least 15 minutes early to complete any necessary paperwork.

**Contact Information:**

If you have any questions or need to reschedule, please contact us at:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for your attention to these directives. We look forward to seeing you!

**Sincerely,**

The Medical Team