

Notification for Chronic Fatigue Evaluation

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you that you have been scheduled for a chronic fatigue evaluation. This evaluation is an important step in understanding your symptoms and developing an appropriate treatment plan.

Appointment Details:

- **Date:** [Insert Appointment Date]
- **Time:** [Insert Appointment Time]
- **Location:** [Insert Clinic/Hospital Name and Address]

Please arrive 15 minutes early to complete any necessary paperwork. If you are unable to attend this appointment, kindly contact us at [Insert Contact Information] to reschedule.

We look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Contact Information]