

Rehabilitation Program Schedule

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to provide you with the schedule for your upcoming rehabilitation program. Please find the details below:

Program Schedule

Day	Time	Activity
Monday	9:00 AM - 10:30 AM	Initial Assessment
Tuesday	9:00 AM - 11:00 AM	Therapeutic Exercises
Wednesday	10:00 AM - 12:00 PM	Counseling Session
Thursday	9:00 AM - 10:30 AM	Group Therapy
Friday	9:00 AM - 11:00 AM	Progress Review

Please arrive at least 10 minutes before each session. If you have any questions, feel free to contact us at [Insert Contact Information].

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]