

# Prenatal Care Follow-Up Instructions

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

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

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

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

We hope this message finds you well. As part of your prenatal care, we would like to provide you with follow-up instructions to ensure the health and well-being of both you and your baby.

## **Follow-Up Appointment:**

Your next prenatal appointment is scheduled for: **[Date & Time]**.

## **Important Instructions:**

- Continue taking your prenatal vitamins as prescribed.
- Maintain a balanced diet and stay hydrated.
- Monitor any unusual symptoms such as severe headaches, vision changes, or swelling.
- Engage in light exercise unless advised otherwise by your healthcare provider.
- Keep a record of fetal movements and report any concerns.

## **Emergency Contact:**

If you experience any concerning symptoms, please call our office immediately at **[Office Phone Number]** or go to the nearest emergency room.

Thank you for trusting us with your care. We look forward to seeing you at your next appointment.

Sincerely,

[Your Healthcare Provider's Name]

[Your Clinic/Hospital Name]

[Contact Information]