

Maternity Care Postnatal Follow-Up Schedule

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This letter is to inform you of your scheduled postnatal follow-up visits as part of your maternity care.

Follow-Up Visit Schedule

- **First Visit:** [Date & Time] - [Location]
- **Second Visit:** [Date & Time] - [Location]
- **Third Visit:** [Date & Time] - [Location]
- **Final Visit:** [Date & Time] - [Location]

Important Notes

Please remember to bring your health insurance information and any medications you are currently taking.

If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you for choosing our practice for your maternity care.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]