

Chronic Kidney Disease Monitoring Schedule

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient's Name],

This letter is to inform you about your upcoming monitoring schedule for your chronic kidney disease (CKD). Regular monitoring is essential to assess your kidney function and adjust your treatment plan as necessary.

Monitoring Schedule

Date	Test/Procedure	Location	Time
[Insert Date]	Blood Test: Kidney Function	[Insert Location]	[Insert Time]
[Insert Date]	24-hour Urine Collection	[Insert Location]	[Insert Time]
[Insert Date]	Follow-up Appointment	[Insert Location]	[Insert Time]

Please ensure that you arrive on time and bring any relevant medical records with you. If you have any questions or need to reschedule, do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to your health.

Sincerely,

[Doctor's Name]

[Title]

[Practice Name]

[Contact Information]