

[Medical Practice/Provider Name]

[Street Address]

[City, State, ZIP]

[Phone Number]

[Email Address]

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

[Patient Name]

[Patient Address]

[City, State, ZIP]

**Subject: Medical Follow-Up Communication**

Dear [Patient Name],

This is a follow-up regarding your recent visit on \_\_\_\_\_.

[Insert follow-up details or instructions here. For example: Please remember to schedule your next appointment, take your prescribed medications as directed, or contact us if your symptoms change.]

If you have any questions or concerns, please feel free to contact our office at the number above.

Sincerely,

\_\_\_\_\_  
[Provider Name & Title]