Date: March 24, 2015

Dear Mr/Mrs/Ms.

’s goal is to support you in your efforts to maintain or regain your health.

After your last discharge from on coordinated the following arrangements for your next check-up.

|  |  |
| --- | --- |
| **Category** | **Specifics** |
| Accommodations at the Visit | **«$Follow\_UpLetterDetails.Accomodations»** |
| Date and Time of Next Planned Visit | **«$FollowupForm.FollowupCare.NextDrsVisit»** |
| Location | **«$Follow\_UpLetterDetails.PCPAddress»** |
| Physician Phone Number | **«$Follow\_UpLetterDetails.PCPPhone»** |
| Physician To be Seen | **«$Follow\_UpLetterDetails.PCPName»** |
| Transportation Method | **«$Follow\_UpLetterDetails.TransportationMe»** |
| Transportation Phone Number | **«$Follow\_UpLetterDetails.TransportationPh»** |
| Transportation Pickup Date and Time | **«$Follow\_UpLetterDetails.TransportationPi»** |
| Transportation Pickup Location | **«$Follow\_UpLetterDetails.TransportationPi»** |

If you need to change any of these arrangements, we would ask that you call us at **«$Follow\_UpLetterDetails.InsurancePhone»** and let us help you with any changes. Also, please call us if there is anything else we can help you address.

Sincerely,

The Follow Up Staff