

# Follow-Up Appointment Summary

Patient Name  
[First Last]

Date of Birth  
[MM/DD/YYYY]

Appointment Date  
[MM/DD/YYYY]

Provider  
[Dr. Name]

## Visit Summary

[Brief summary of patient’s condition and purpose of the follow-up appointment]

## Assessments

- [Assessment 1]
- [Assessment 2]
- [Assessment 3]

## Recommendations & Plan

- [Recommendation or next step 1]
- [Recommendation or next step 2]

## Prescriptions / Refills

- [Medication Name, Dosage, Instructions]

## Ordered Labs / Imaging

- [Lab or Imaging Test Name]

## Additional Notes

[Any additional instructions or follow-up information]

Next Appointment  
[MM/DD/YYYY or “To be scheduled”]