

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"]