

# Information Needed for Joint Replacement Surgery

Date: **[Insert Date]**

To: **[Surgeon's Name]**

From: **[Your Name]**

Address: **[Your Address]**

Email: **[Your Email]**

Phone: **[Your Phone Number]**

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**Dear Dr. [Surgeon's Last Name],**

I am writing to request additional information regarding the upcoming joint replacement surgery scheduled for **[Insert Date]**. Specifically, I would appreciate details on the following:

- Pre-operative instructions
- Expected recovery timeline
- Pain management options
- Post-operative follow-up schedule
- Potential risks and complications
- Information on physical therapy and rehabilitation

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

**[Your Name]**

**[Your Signature (if sending a hard copy)]**