

# Outpatient Procedure Discharge Instructions

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Patient ID:** [Insert Patient ID]

## Procedure Information

You have undergone the following procedure: **[Insert Procedure Name]**.

## Discharge Instructions

- Rest for the next 24 hours.
- Take prescribed medications as directed.
- Apply ice to the affected area as needed.
- Avoid strenuous activities for at least [Insert Time Frame].
- Follow up with your physician in [Insert Number of Days] days.

## When to Seek Medical Attention

Please contact your healthcare provider if you experience any of the following:

- Increased pain or swelling
- Fever greater than 101degF
- Difficulty breathing
- Unusual bleeding or discharge

## Contact Information

If you have any questions or concerns, please contact our office at: **[Insert Phone Number]**.

Thank you for trusting us with your care.

Sincerely,

[Your Practice Name]

[Your Name, Title]