

Follow-Up Care Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure Date: [Insert Procedure Date]

Dear [Patient Name],

Thank you for undergoing your outpatient procedure with us on [Insert Procedure Date]. To ensure a smooth recovery, please follow the instructions below:

Post-Procedure Care

- Rest for at least [Insert Duration] hours after the procedure.
- Keep the affected area clean and dry.
- Avoid any heavy lifting or strenuous activities for [Insert Duration].

Medications

If prescribed, please take your medications as directed:

- [Insert Medication Name] - [Dosage & Frequency]
- [Insert Medication Name] - [Dosage & Frequency]

Signs to Watch For

Please contact us or seek medical attention if you experience:

- Increased pain or swelling
- Fever over [Insert Temperature]
- Unusual discharge from the incision site

Follow-Up Appointment

Your follow-up appointment is scheduled for:

Date: [Insert Follow-Up Date]

Time: [Insert Follow-Up Time]

Contact Information

If you have any questions or concerns, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Wishing you a smooth recovery.

Sincerely,
[Insert Doctor's Name]
[Insert Office Name]