

Follow-Up Care for Diabetic Wound Management

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this letter finds you in good health. This is a follow-up correspondence regarding your recent visit for diabetic wound management.

Care Instructions:

- Continue to keep the wound clean and dry.
- Change the dressing as instructed every [insert frequency].
- Monitor for any signs of infection such as increased redness, swelling, or discharge.
- Maintain your blood glucose levels as directed by your healthcare provider.

Follow-Up Appointments:

Your next appointment is scheduled for [insert date and time]. Please ensure to attend this follow-up to monitor the healing progress.

Contact Information:

If you have any questions or concerns, please do not hesitate to contact our office at [insert phone number] or [insert email].

Thank you for your attention to these important care instructions. We look forward to seeing you at your next appointment.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Healthcare Facility Name]