

# Post-Operative Wound Care Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We hope this message finds you well. This is a reminder for your post-operative follow-up appointment regarding your wound care. Please find the details below:

## Appointment Details

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Clinic/Hospital Name and Address]

## Wound Care Instructions

- Keep the wound clean and dry.
- Change dressings as instructed.
- Monitor for any signs of infection, including increased redness, swelling, or discharge.
- Take prescribed medications as directed.

If you have any questions or concerns before your appointment, please do not hesitate to contact our office at [Insert Contact Number].

Thank you for your attention, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]