

# Wound Assessment Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient Name],

We are writing to follow up on your recent wound assessment conducted on [Insert Date of Assessment]. Your healing progress is important to us, and we want to ensure that you are receiving the best care possible.

## Wound Assessment Summary:

Wound Location: [Insert Wound Location]

Wound Size: [Insert Wound Size]

Wound Type: [Insert Wound Type]

Assessment Findings: [Insert Findings]

Recommended Treatment: [Insert Treatment Plan]

## Next Steps:

Please schedule your next appointment for a follow-up assessment within the next [Insert Time Frame]. It is essential to monitor your progress and make adjustments to your treatment plan as needed.

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

Thank you for entrusting us with your care.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Practice Name]

[Contact Information]