

# Wound Care Follow-Up Consultation

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 care consultation. It is important to monitor your progress and ensure that your wound is healing properly. Please take note of the following details regarding your follow-up consultation:

## **Consultation Details:**

- **Date:** [Insert Follow-Up Date]
- **Time:** [Insert Follow-Up Time]
- **Location:** [Insert Clinic/Hospital Name and Address]
- **Contact Number:** [Insert Contact Number]

## **What to Bring:**

- Any medications you are currently taking
- Dressing supplies, if applicable
- Any questions or concerns you may have

If you experience any signs of infection such as increased redness, swelling, or discharge, please contact us immediately.

We look forward to seeing you at your follow-up appointment to ensure your continued progress toward healing.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]