

Wound Care Follow-Up Instructions

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

Dear [Insert Patient Name],

Thank you for your recent visit. This letter serves as a follow-up regarding your wound care. Please adhere to the instructions below to ensure proper healing:

Wound Care Instructions:

- Keep the wound clean and dry.
- Change the dressing every **[Insert Frequency]**.
- Apply **[Insert Medication]** as directed.
- Avoid soaking the wound in water.
- Monitor for signs of infection such as increased redness, swelling, or discharge.

Follow-Up Appointment:

Your next appointment is scheduled for: **[Insert Date and Time]**

Contact Information:

If you have any questions or concerns, please contact our office at: **[Insert Phone Number]**.

Thank you for your attention to these instructions. Wishing you a smooth and speedy recovery.

Sincerely,

[Insert Provider Name]

[Insert Title]

[Insert Practice Name]