

Vascular Assessment Follow-Up Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

Thank you for attending your vascular assessment on [Insert Date of Assessment]. Below are your follow-up instructions:

1. Follow-Up Appointments:

Please schedule a follow-up appointment with our office within the next [insert timeframe, e.g., 2 weeks] to discuss your results and any necessary treatment plans.

2. Symptoms to Monitor:

Be vigilant for the following symptoms that may require immediate attention:

- Increased pain in your legs or arms
- Swelling or redness
- Changes in skin temperature
- Numbness or tingling

3. Medications:

Continue taking your prescribed medications as directed. If you experience any side effects, please contact our office.

4. Lifestyle Recommendations:

Please adhere to the following recommendations:

- Avoid smoking
- Engage in regular exercise, as advised
- Follow a heart-healthy diet

5. Contact Information:

If you have any questions or concerns, please reach out to our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your cooperation. We look forward to seeing you at your next appointment.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]