

Post-Operative Follow-Up Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

Dear [Patient Name],

We hope this message finds you well. As part of your post-operative care, please follow the instructions outlined below:

Medications

- Take prescribed pain medication as directed.
- If you experience any unusual side effects, please contact us immediately.

Wound Care

- Keep the surgical area clean and dry.
- Change dressings as indicated or if soiled.
- Monitor for signs of infection: redness, swelling, or discharge.

Activity Restrictions

- Avoid strenuous activities for the next [insert time frame].
- Refrain from driving until cleared by your doctor.

Follow-Up Appointment

Your follow-up appointment is scheduled for [Insert Date and Time]. Please ensure to keep this appointment for your recovery assessment.

Contact Information

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

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

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]