

Follow-Up Care Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Age: [Insert Patient Age]

Physician: [Insert Physician Name]

Dear [Insert Parent/Guardian Name],

Thank you for bringing [Patient Name] in for their recent visit. Below are the follow-up instructions:

1. Medication

- [Insert medication name] should be taken [Insert dosage instructions].
- Complete the full course of medication as prescribed.

2. Dietary Recommendations

- Ensure [Patient Name] eats a balanced diet, including [list food items].
- Avoid [list any food/drinks to avoid].

3. Appointments

- Schedule a follow-up appointment for [Insert date or period].

4. Signs to Watch For

- Please monitor for any signs of [list symptoms]. If observed, contact our office immediately.

5. Contact Information

If you have any questions or concerns, feel free to contact us at:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for your attention to these instructions. We look forward to seeing [Patient Name] at their next visit!

Sincerely,

[Insert Physician Name]

[Insert Clinic/Hospital Name]

[Insert Contact Information]