

Postoperative Follow-up Agenda

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Surgeon: [Insert Surgeon Name]

Procedure: [Insert Procedure Name]

Agenda

1. Review of Surgical Procedure
2. Assessment of Healing and Recovery
3. Discussion of Symptoms and Concerns
4. Medication Review and Management
5. Follow-up Imaging or Tests (if needed)
6. Schedule Next Appointment

Instructions for Patients

Please arrive 15 minutes early and bring:

- Any medications currently being taken
- Questions or concerns regarding your recovery
- Your insurance information

We look forward to seeing you and ensuring your continued recovery.

Sincerely,

[Insert Practice/Office Name]

[Insert Contact Information]