

Orthopedic Follow-Up Consultation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Consultation Summary

Dear [Patient Name],

Thank you for attending your follow-up appointment regarding your chronic arthritis management. During our consultation, we discussed your current symptoms, treatment plan, and any concerns you may have.

Findings

Your current presentation indicates:

- Joint pain severity: [Insert severity]
- Range of motion: [Insert findings]
- Swelling: [Insert findings]

Management Plan

Based on our discussion, the following management plan has been recommended:

1. Continue prescribed medication: [Insert medication details]
2. Physical therapy sessions: [Insert frequency and duration]
3. Follow-up appointment in: [Insert duration]

Patient Education

Please ensure to maintain a healthy lifestyle, including regular exercise and a balanced diet. Additionally, monitor your symptoms and report any significant changes.

Next Steps

For prescription refills or to schedule your next appointment, please contact our office at [Insert contact number].

Best regards,

[Your Name]

[Your Title]

[Your Clinic/Office Name]

[Contact Information]