

Orthopedic Consultation Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Patient Name],

We hope this letter finds you well. This correspondence serves as a follow-up to your previous orthopedic consultation regarding your injury rehabilitation.

Rehabilitation Progress

During your last visit on [Insert Previous Visit Date], we discussed your rehabilitation goals, and I would like to highlight the following points regarding your progress:

- Range of motion: [Insert Details]
- Strength improvements: [Insert Details]
- Pain levels: [Insert Details]

Next Steps

Based on the current assessment, I recommend the following actions:

- Continue with your physical therapy sessions [Frequency]
- Modify your exercise routine to include [Insert Specific Exercises]
- Schedule a follow-up appointment in [Insert Timeframe]

Contact Information

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

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

Sincerely,

[Insert Doctor's Name]

[Insert Doctor's Title]

[Insert Practice Name]

[Insert Contact Information]