

Orthopedic Consultation Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

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

Dear [Patient Name],

Thank you for visiting our clinic for your recent orthopedic consultation regarding knee pain. We appreciate your trust in our services.

During your visit on [Insert Visit Date], we conducted a thorough examination of your knee and discussed your symptoms and medical history. Based on our findings, we recommend the following follow-up steps:

- Continue with prescribed medication: [Insert Medication Name]
- Engage in physical therapy sessions twice a week.
- Schedule a follow-up appointment in [Insert Time Frame].
- Monitor pain levels and keep a journal of any changes.

If you experience any severe pain, swelling, or other concerning symptoms, please do not hesitate to reach out to our office immediately.

We look forward to seeing you again and supporting your recovery.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]