

Orthopedic Consultation Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

We hope this letter finds you well. This is a follow-up regarding your recent consultation for lower back pain conducted on [Insert Consultation Date].

During your visit, we discussed your symptoms, performed a thorough examination, and reviewed the results of any diagnostic tests. Based on the findings, we recommend the following treatment plan:

- Physical therapy sessions twice a week for [Insert Duration]
- Medication: [Insert Medication Name] as needed for pain management.
- Follow-up appointment scheduled for [Insert Date].

Please feel free to reach out if you have any questions or concerns regarding your treatment plan or if your symptoms worsen.

Thank you for your attention to this matter. We look forward to seeing you at your next appointment.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Clinic/Hospital Name]