

# Pediatric Orthopedic Clinic

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

City, State, Zip: [Patient's City, State, Zip]

## Dear [Patient's Name] and Family,

We hope this message finds you well. This letter is to follow up on your recent consultation regarding [brief description of the orthopedic issue, e.g., "persistent knee pain" or "flatfoot concerns"].

### Summary of Consultation

During your visit on [insert date of consultation], we discussed the following:

- Diagnosis: [Insert diagnosis]
- Recommended treatment plan: [insert treatment plan, e.g., "physical therapy", "orthotics", "surgery"]
- Expected outcomes: [insert expected outcomes]

### Next Steps

We recommend the following actions to ensure progress:

1. [List of steps, e.g., "Continue physical therapy sessions as scheduled."]
2. [Additional recommendations]

### Follow-Up Appointment

We would like to schedule a follow-up appointment for [insert date or "within the next few weeks"]. Please contact our office at [insert phone number] or email us at [insert email] to confirm your availability.

### Concerns or Questions

If you have any questions or concerns in the meantime, please do not hesitate to reach out. Your child's health and well-being are our top priority.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Pediatric Orthopedic Clinic Name]

[Contact Information]