

Surgical History Update

Date: [Insert Date]

Recipient: [Insert Recipient's Name]

Address: [Insert Recipient's Address]

Dear [Recipient's Name],

I am writing to provide an update regarding the surgical history for [Patient's Name], who has been under our care since [Insert Date]. This update is part of our ongoing medical research documentation.

Surgical History:

- **Surgery 1:** [Description of Surgery, Date, Surgeon]
- **Surgery 2:** [Description of Surgery, Date, Surgeon]
- **Surgery 3:** [Description of Surgery, Date, Surgeon]

Current Status:

[Insert current status, any ongoing treatments, and outcomes from the surgeries above]

Please feel free to contact me if you require further information or clarification regarding the surgical history of [Patient's Name].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]