

Patient Surgical History Update

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

This letter serves to update you regarding your surgical history as part of our commitment to providing you with comprehensive and personalized healthcare.

Recent Surgical Procedures:

- **[Surgery 1 Name]** - Date of Surgery: [Date] - Description: [Brief Description]
- **[Surgery 2 Name]** - Date of Surgery: [Date] - Description: [Brief Description]

Importance of Keeping Your Surgical History Updated:

Keeping an accurate surgical history is crucial for informed medical decisions and ensuring the best possible care. Please make sure to inform us of any further surgeries or procedures done outside our facility.

Next Steps:

If you have any questions or need to update your records, please do not hesitate to contact our office at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Hospital/Practice Name]

[Contact Information]