

Follow-Up Care Expectations

Dear [Patient's Name],

We hope this message finds you well. As you continue your recovery following your recent surgery on [Surgery Date], we want to provide you with important information regarding your follow-up care.

Post-Surgery Care Expectations

- **Medication Management:** Please take your prescribed medications as instructed. Do not hesitate to reach out if you experience any side effects.
- **Wound Care:** Keep your surgical site clean and dry. Follow the wound care instructions provided during your discharge.
- **Activity Level:** Avoid heavy lifting and strenuous activities for at least [insert timeframe]. Gentle movements and light walking are encouraged.

Follow-Up Appointments

Your follow-up appointment is scheduled for [Date] at [Time]. During this visit, we will assess your recovery progress and address any concerns you may have.

Signs to Monitor

Please watch for symptoms such as increased pain, excessive swelling, fever, or signs of infection. If you experience any of these, contact our office immediately.

If you have any questions or concerns prior to your appointment, please do not hesitate to contact us at [Phone Number] or [Email Address].

Wishing you a smooth and speedy recovery!

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]

[Contact Information]