

Patient Recovery Instructions

Date: _____

Patient Name: _____

Doctor's Name: _____

Dear [Patient's Name],

Following your recent procedure, it is important to follow these recovery instructions to ensure a smooth healing process:

1. Medication:

Take the following medications as prescribed:

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

2. Diet:

Follow a diet that includes:

- [Food Type]
- [Food Type]
- Avoid spicy and heavy foods until further notice.

3. Activity:

Avoid the following activities until cleared by your physician:

- Heavy lifting
- Strenuous exercise
- Driving

4. Follow-Up:

Please schedule a follow-up appointment in [Time Frame] to monitor your recovery.

Contact Information

If you experience any of the following symptoms, please contact our office immediately:

- Increased pain
- Fever above 100degF
- Unusual swelling or redness

Thank you for your cooperation, and we wish you a speedy recovery!

Sincerely,

[Doctor's Signature]

[Doctor's Title]