

Reconstructive Surgery Consultation Summary

Date of Consultation: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Key Points Discussed:

- **Reason for Surgery:** [Insert brief description]
- **Medical History:** [Insert relevant medical history]
- **Expected Outcomes:** [Insert expected results]
- **Possible Risks:** [Insert potential risks]
- **Post-operative Care:** [Insert care instructions]
- **Next Steps:** [Insert follow-up actions]

Additional Notes:

[Insert any additional notes or considerations]

Thank you for your trust in our care.

Sincerely,

[Insert Physician Name]

[Insert Contact Information]