

Post-Surgery Care Guidelines

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

Surgeon: [Insert Surgeon Name]

Medication Instructions

- **Pain Management:** Take [Insert Medication Name] as prescribed. Dosage: [Insert Dosage], Frequency: [Insert Frequency].
- **Antibiotics:** To prevent infection, take [Insert Medication Name] as described. Dosage: [Insert Dosage], Frequency: [Insert Frequency].
- **Other Medications:** Take [Insert Other Medication, if any] as directed.

Care Instructions

- Keep the surgical area clean and dry.
- Change dressings as instructed, usually every [Insert Frequency].
- Avoid strenuous activities and heavy lifting for [Insert Duration].
- Follow up with your surgeon in [Insert Timeframe].

When to Contact Your Doctor

Contact our office if you experience any of the following:

- Increased pain or swelling at the surgical site.
- Signs of infection (e.g., fever, redness, discharge).
- Any unusual symptoms or concerns.

Contact Information

For questions or concerns, please reach out to:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for your cooperation. Wishing you a speedy recovery!

Best regards,

[Insert Your Name]

[Insert Your Title]