

Follow-Up Care and Rehabilitation Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Patient Name],

We hope this message finds you well. As part of your ongoing recovery after your recent surgery on [Insert Surgery Date], we would like to provide you with important follow-up care and rehabilitation instructions.

Follow-Up Appointments

Please schedule your follow-up appointment within the next [Insert Timeframe]. Call our office at [Insert Phone Number] or reply to this letter to set up a convenient time.

Post-Operative Care

- Keep the surgical area clean and dry.
- Change dressings as instructed or as needed.
- Monitor for signs of infection such as increased redness, swelling, or discharge.

Rehabilitation Exercises

Engage in gentle rehabilitation exercises as discussed during your consultation. Be sure to:

- Perform exercises twice daily, starting on [Insert Date].
- Gradually increase intensity based on your comfort level.
- Contact us if you experience excessive pain or discomfort.

Medications

Please continue taking prescribed medications as directed. If you have any questions or concerns about your medications, reach out to your healthcare provider.

We are here to support you throughout your recovery process. Do not hesitate to contact our office with any questions or concerns.

Wishing you a smooth recovery!

Sincerely,

[Your Healthcare Provider's Name]

[Your Healthcare Provider's Title]

[Your Clinic/Hospital Name]

[Insert Contact Information]