

Post-Operative Care and Monitoring Information

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient's Name],

Following your recent surgery on [surgery date], we would like to provide you with important information regarding your post-operative care and monitoring.

Post-Operative Care Instructions:

- Rest as much as possible for the first few days.
- Take prescribed medications as directed.
- Keep the surgical site clean and dry.
- Avoid strenuous activities and heavy lifting.
- Follow dietary recommendations as specified.

Monitoring for Complications:

Please watch for the following signs and symptoms:

- Increased pain or swelling at the surgical site.
- Fever over 101degF (38.3degC).
- Redness or drainage from the incision.
- Shortness of breath or chest pain.

Follow-Up Appointment:

Your follow-up appointment is scheduled for:

Date: _____

Time: _____

Contact Information:

If you have any questions or concerns, please do not hesitate to contact our office at:

Phone: _____

Email: _____

Thank you for choosing [Clinic/Hospital Name]. We wish you a smooth recovery.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]