

Surgical Follow-Up Care Plan

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Surgeon: [Insert Surgeon's Name]

Procedure Details

Procedure: [Insert Procedure Name]

Date of Surgery: [Insert Date]

Follow-Up Schedule

Next Appointment Date: [Insert Date]

Location: [Insert Clinic/Hospital Name]

Post-Operative Instructions

- Take prescribed medications as directed.
- Monitor the surgery site for signs of infection.
- Limit physical activity as advised.
- Attend physical therapy sessions if recommended.

Emergency Contact

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

- Increased pain or swelling
- Fever above 101degF
- Excessive bleeding
- Difficulty breathing

Contact Information

Clinic Phone: [Insert Phone Number]

Office Hours: [Insert Hours]

Thank you for choosing [Insert Medical Facility]. We wish you a prompt recovery!