

Surgical Follow-Up Consultation Request

Date: [Insert Date]

To: [Surgeon's Name]
[Surgeon's Office/Clinic Name]
[Address]
[City, State, Zip Code]

Dear Dr. [Surgeon's Last Name],

I hope this message finds you well. I am writing to request a follow-up consultation following my recent surgery on [Insert Surgery Date] for [Insert Surgery Type].

Since the procedure, I have experienced [briefly describe any symptoms, concerns, or progress]. I believe a follow-up appointment would be beneficial to discuss my recovery and ensure no further complications are present.

Please let me know your availability for an appointment at your earliest convenience. I appreciate your attention to my case and look forward to your guidance.

Thank you for your assistance.

Sincerely,

[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]