

# Follow-Up Therapy Recommendations

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Phone: [Insert Patient Phone]

**Dear [Patient's Name],**

Following your recent surgical procedure on [Insert Date of Surgery], we would like to provide you with recommendations for your follow-up therapy:

## **1. Pain Management**

Continue taking your prescribed pain medication as directed. If pain persists or worsens, please contact our office.

## **2. Physical Therapy**

We recommend starting physical therapy sessions to facilitate your recovery. Please schedule an appointment with [Insert Therapy Center Name] within the next week.

## **3. Wound Care**

Keep the surgical site clean and dry. Change the dressing as instructed by your healthcare team. If you notice any signs of infection, such as increased redness, swelling, or discharge, please seek medical attention immediately.

## **4. Follow-Up Appointment**

It is important to schedule a follow-up appointment within [Insert Time Frame] to monitor your recovery. Please contact our office at [Insert Office Phone Number] to book your visit.

If you have any questions or concerns, do not hesitate to reach out. Your health and recovery are our top priority.

Sincerely,

[Insert Doctor's Name]  
[Insert Doctor's Title]  
[Insert Hospital/Clinic Name]  
[Insert Contact Information]