

Date: [Date]

To: [Recipient Physician Name]

Department: [Department Name]

Facility: [Facility Name]

RE: Post-Trauma Orthopedic Surgical Consultation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Injury: [Date of Trauma]

Dear Dr. [Recipient Last Name],

I had the pleasure of evaluating [Patient Name] today regarding orthopedic injuries sustained during a [Type of Trauma, e.g., motor vehicle accident/fall] on [Date].

Clinical History:

The patient presents with [Primary Complaint, e.g., acute right femur pain]. Initial stabilization was performed at [Initial Treatment Site]. Physical examination reveals [Key Findings, e.g., edema, deformity, or neurovascular status].

Diagnostic Imaging:

Review of [X-ray/CT/MRI] dated [Date] demonstrates: [Specific Findings, e.g., comminuted fracture of the femoral shaft].

Assessment:

[Diagnosis/ICD-10 Code]

Plan of Care:

Based on the traumatic nature of the injury and clinical findings, the following plan has been established:

- **Surgical Intervention:** [Type of Procedure, e.g., ORIF] scheduled for [Date].
- **Weight Bearing Status:** [e.g., Non-weight bearing/Toe-touch].
- **Medications:** [e.g., Anticoagulants, Analgesics].
- **Follow-up:** The patient will return in [Timeframe] for post-operative evaluation.

Thank you for participating in this patient's multidisciplinary trauma care. Please contact my office if you have any questions.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title/Credentials]

[Contact Information]