

[Physician Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Referring Provider Name]
[Clinic Name]
[Address]
[City, State, Zip Code]

RE: [Patient Name]

DOB: [Patient Date of Birth]
Date of Surgery: [Date of Procedure]
Procedure: [Type of Surgery]

Dear Dr. [Referring Provider Last Name],

I had the pleasure of seeing [Patient Name] today for a [Number of Weeks/Months] postoperative follow-up visit regarding their [Left/Right] [Body Part] [Procedure].

Current Status:

The patient reports that they are doing [well/progressing as expected]. They describe their current pain levels as [Score]/10. They have started [Physical Therapy/Home Exercise Program] and are currently [Weight Bearing Status].

Physical Examination:

On physical exam, the surgical incision is [well-healed/healing well] with no signs of infection or drainage. Range of motion is currently [Degrees] of flexion and [Degrees] of extension. Neurovascular status is intact distally. Strength is graded at [Grade]/5.

Imaging:

Radiographs obtained today show [stable hardware position / evidence of early bony healing / no signs of complications].

Assessment and Plan:

[Patient Name] is progressing appropriately at this stage of recovery. Our plan moving forward includes:

1. Continue current Physical Therapy protocol focusing on [Strength/Mobility].
2. Advance weight-bearing status to [Instructions].
3. Medications: [Current Meds/Changes].
4. Follow-up: I will see the patient again in [Timeframe].

Thank you for the continued opportunity to participate in this patient's care.

Sincerely,

[Physician Signature]

[Physician Name, Title]
Orthopedic Surgery