

[Doctor's Name/Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Thank you for visiting our office on [Date of Consultation] to discuss your reconstructive surgery options regarding [Specific Procedure/Condition]. It was a pleasure meeting you and learning more about your goals for recovery and restoration.

As we discussed during your appointment, the recommended surgical plan involves [Brief Mention of Procedure]. Our primary objective is to improve both the function and appearance of the affected area while ensuring your safety and comfort throughout the process.

Attached to this letter, you will find additional information regarding:

- A detailed summary of the surgical plan.
- Pre-operative requirements and instructions.
- An estimated timeline for recovery and physical therapy (if applicable).
- A breakdown of estimated costs and insurance authorization steps.

We understand that deciding to undergo reconstructive surgery is a significant step. Please take your time to review this information with your family or loved ones. If you have any remaining questions or if new concerns have surfaced since our meeting, please do not hesitate to contact our patient coordinator at [Phone Number] or [Email Address].

Once you are ready to move forward, please let us know so we can assist you with scheduling and the next steps of your care.

We look forward to helping you achieve the best possible outcome.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Practice Name]