

Date: [Insert Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Injury: [Date of Trauma]

Date of Consultation: [Consultation Date]

To: [Referring Physician Name / Primary Care Physician]

Subject: Post-Trauma Reconstructive Surgery Consultation Summary

Dear [Physician Name],

I had the pleasure of evaluating [Patient Name] today regarding reconstructive options following their recent traumatic injury involving [specify body part/area]. Below is a summary of our clinical findings and the proposed management plan.

1. Clinical History and Presentation

[Brief description of the trauma event, initial treatments received, and current symptoms such as functional deficits, pain, or aesthetic concerns.]

2. Physical Examination Findings

[Details regarding tissue loss, scarring, nerve function, range of motion, and structural integrity of the affected area.]

3. Clinical Assessment

The patient presents with [Diagnosis, e.g., complex soft tissue defect, hypertrophic scarring, or post-traumatic deformity]. Reconstruction is indicated to [restore function/improve structural integrity/minimize secondary complications].

4. Proposed Surgical Plan

Following our discussion, we have outlined the following reconstructive approach:

- **Procedure:** [Name of Procedure, e.g., Skin Grafting, Local Flap, Scar Revision]
- **Objectives:** [e.g., Closure of wound, restoration of mobility]
- **Estimated Timeline:** [Proposed Date of Surgery]

5. Risks and Expected Outcomes

The patient has been informed of the risks including infection, graft failure, and scarring. We expect [expected functional or aesthetic outcome] following a recovery period of approximately [duration].

6. Follow-up and Coordination of Care

[Patient Name] will undergo preoperative testing on [Date]. We will coordinate with [Specialty, e.g., Physical Therapy] for post-operative rehabilitation.

Thank you for involving me in the care of this patient. Please contact my office if you have any questions.

Sincerely,

[Surgeon Signature]

[Surgeon Name, MD/DO]

[Department of Plastic and Reconstructive Surgery]

[Facility Name]