

Date: [Date]

# Radiofrequency Ablation (RFA) Discharge Letter

Patient Name: [Patient Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Procedure Date: [Date of Procedure]

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## 1. Procedure Summary

The patient underwent a Radiofrequency Ablation (RFA) procedure targeting the [Specify Location, e.g., Medial Branch Nerves / Thyroid Nodule / Liver Tumor]. The procedure was completed successfully without immediate complications.

## 2. Medications

New Medications: [List medications or "None"]

**Pain Management:** You may take [Acetaminophen/Ibuprofen] as directed for post-procedure discomfort. Resume regular medications unless instructed otherwise.

## 3. Activity and Recovery

- Do not drive or operate heavy machinery for 24 hours following the procedure.
- Avoid strenuous exercise or heavy lifting for [Number] days.
- You may shower after [Number] hours, but do not soak in a tub or pool for [Number] days.
- Keep the dressing clean and dry. You may remove the bandage in [Number] hours.

## 4. Wound Care

Monitor the injection/insertion site for redness, swelling, or drainage. Some bruising or localized soreness is normal and should resolve within a few days.

## 5. When to Seek Medical Attention

Contact your doctor or visit the emergency room if you experience:

- Fever over 101F (38.3C) or chills.
- Severe pain that is not relieved by medication.
- Signs of infection (increased redness, swelling, or pus) at the site.
- Numbness, tingling, or weakness in your extremities that was not present before.
- Shortness of breath or chest pain.

## **6. Follow-up Appointment**

**Date/Time:** [Date and Time]

**Location:** [Clinic Name/Department]

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**Physician Name:** [Physician Name]

**Contact Number:** [Phone Number]

**Signature:** \_\_\_\_\_