

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Procedure Date: [Procedure Date]

Procedure Summary

The patient underwent an Electrophysiology (EP) Study to evaluate [Reason for Study].

Findings: [Insert Findings]

Interventions: [Ablation performed/Not performed/Device implanted]

Medication Changes

[List new medications or changes to existing dosages]

Wound Care

- Keep the groin/insertion site clean and dry.
- Remove the dressing after [Number] hours.
- Do not submerge in water (baths/pools) for [Number] days.

Activity Restrictions

- No heavy lifting (over 10 lbs) for [Number] days.
- Avoid strenuous exercise for [Number] days.
- Do not drive for [Number] hours following the procedure.

Follow-Up Instructions

An appointment has been scheduled for [Date/Time] at [Location/Clinic].

When to Call Your Physician

- Redness, swelling, or drainage at the site.
- Numbness or tingling in the leg/arm used for the procedure.
- Fever or chills.

- Chest pain or shortness of breath.

Note: If you experience sudden bleeding or a large lump at the site, apply firm pressure and seek emergency medical attention immediately.

Sincerely,

[Physician Name]

[Department/Clinic Name]

[Contact Phone Number]