

Discharge Summary: Cryolipolysis Treatment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Treatment Area(s): [Insert Areas, e.g., Abdomen, Thighs]

Dear [Patient Name],

This letter confirms that you have successfully completed your cryolipolysis (fat freezing) procedure. Please review the following post-treatment guidelines to ensure optimal results and recovery.

What to Expect

- Redness, swelling, and localized bruising in the treated area.
- Temporary numbness or tingling (may last several weeks).
- Deep tissue tenderness or a cramping sensation.

Post-Treatment Care

- **Massage:** Manually massage the treated area for 5 minutes, 2 to 3 times a day for the first week to help break down fat cells.
- **Hydration:** Drink plenty of water to assist your lymphatic system in flushing out the treated fat cells.
- **Activity:** You may resume normal physical activities immediately, but listen to your body if you feel discomfort.
- **Weight Management:** Maintain a stable diet and exercise routine, as weight gain can affect your long-term results.

Follow-Up

Results typically become visible between 4 to 12 weeks post-treatment. Your follow-up assessment is scheduled for:

Date/Time: [Insert Follow-up Date]

When to Contact Us

Please contact the clinic immediately if you experience:

- Severe pain that does not improve with over-the-counter medication.
- Skin breakdown, blistering, or signs of infection.
- Paradoxical adipose hyperplasia (visible enlargement in the treatment area).

Provider Signature: _____

Clinic Contact Number: [Insert Phone Number]