

Fractional Laser Skin Rejuvenation Discharge Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Dear [Patient Name],

This letter provides summary information and aftercare instructions following your Fractional Laser Skin Rejuvenation treatment performed today.

Procedure Details

- **Treatment Area:** [e.g., Full Face, Neck, Hands]
- **Laser Type:** [e.g., CO2 / Erbium / Non-Ablative]
- **Provider:** [Insert Provider Name]

What to Expect

- **Immediate Sensation:** A feeling similar to a sunburn is normal for the first 24-48 hours.
- **Redness and Swelling:** Expect moderate redness and swelling for 3 to 7 days.
- **Peeling/Bronzing:** Your skin may turn a bronze color and begin to flake or peel. Do not pick or scrub the skin.

Home Care Instructions

- **Cleaning:** Use a gentle, fragrance-free cleanser and lukewarm water. Pat dry softly.
- **Moisturizing:** Apply [Name of Product/Aquaphor/Vaseline] frequently to keep the skin hydrated.
- **Sun Protection:** Avoid direct sun exposure. Apply a broad-spectrum SPF 30+ daily once the skin has closed.
- **Activities:** Avoid strenuous exercise, saunas, and hot tubs for [Insert Number] days.

Medications

[Insert specific medication instructions or "Continue as prescribed"]

Follow-Up Appointment

Your follow-up is scheduled for: **[Date and Time]**

When to Call the Clinic

Please contact us immediately at [Insert Phone Number] if you experience:

- Extreme pain that does not respond to medication.
- Signs of infection (pus, yellow crusting, or excessive warmth).
- Blistering in areas not discussed during your consultation.
- A sudden fever.

Sincerely,

[Provider Signature]

[Clinic Name]