

[Clinic/Hospital Name]  
[Department Name]  
[Phone Number]  
[Date]

To: [Patient Name]  
Address: [Patient Address]

Subject: One-Week Post-Operative Recovery Follow-Up

Dear [Patient Name],

We are contacting you to follow up on your recovery progress one week after your procedure on [Date of Surgery]. We hope you are resting comfortably and following your post-operative instructions.

This is a reminder of your scheduled follow-up appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic Name/Room Number]
- **Physician:** [Doctor Name]

During this visit, your surgeon will examine your incision site, remove any necessary sutures, and assess your overall healing progress. Please bring a list of any medications you are currently taking and any questions you may have.

**Urgent Notice:** If you experience any of the following before your appointment, please call our office immediately or visit the emergency room:

- Fever above 101F (38.3C)
- Excessive swelling or redness at the incision site
- Severe pain not relieved by medication
- Unexpected drainage or bleeding
- Shortness of breath or chest pain

If you need to reschedule your appointment, please contact us at least 24 hours in advance at [Phone Number].

Wishing you a continued smooth recovery.

Sincerely,

[Doctor/Nurse Name]  
[Clinic Name]