

Subject: Important: Medication Adjustment Follow-Up Reminder

Dear [Patient Name],

This is a reminder regarding your post-operative recovery plan following your procedure on [Date of Surgery].

According to your discharge instructions, it is time to adjust your medication dosage as previously scheduled by your surgical team.

Current Instruction:

As of [Date], please [Increase/Decrease/Discontinue] your dosage of [Medication Name] to [New Dosage/Frequency].

Next Appointment:

Your follow-up appointment is scheduled for:

Date: [Date]

Time: [Time]

Location: [Clinic/Hospital Name]

Please continue to monitor for any side effects or unusual symptoms. If you experience severe pain, fever, or redness at the incision site, contact our office immediately at [Phone Number] or seek emergency care.

If you have any questions regarding this adjustment, please call our clinical team at [Phone Number].

Best regards,

[Doctor/Provider Name]

[Department Name]

[Facility Name]