Date: [Insert Date]

Patient Name: [Insert Patient Name]
Patient ID: [Insert Patient ID]
Procedure Date: [Insert Date of Surgery]

RE: IMPORTANT POST-OPERATIVE HEALTH RISK WARNING

Dear [Insert Patient Name],

This letter is a formal notification regarding your recovery following your recent [Insert Name of Procedure] on [Insert Date]. While most recoveries proceed without incident, it is vital that you monitor your health for specific warning signs that may indicate serious complications.

Please seek **immediate emergency medical attention** or call emergency services (911) if you experience any of the following:

- Sudden shortness of breath or chest pain.
- Severe or worsening pain that is not relieved by prescribed medication.
- Fever above 101.5F (38.6C) or chills.
- Excessive bleeding or bright red saturation of your surgical dressings.
- Persistent nausea or vomiting.
- Calf pain, swelling, or redness in one leg.
- Foul-smelling discharge, pus, or increasing redness around the incision site.
- Inability to urinate or signs of extreme dehydration.

Failure to report these symptoms immediately can lead to severe health risks, including infection, blood clots, or permanent injury. Do not wait for your scheduled follow-up appointment if you notice any of the "red flags" listed above.

If you have non-emergency questions, please contact our clinic at [Insert Phone Number] during business hours.

Sincerely,

[Doctor Name/Medical Practice Name]
[Contact Information]