

[Hospital/Clinic Name]
[Department Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

RE: Routine Post-Operative Assessment

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Hospital Number: [ID Number]
Procedure: [Name of Surgery]
Date of Procedure: [Surgery Date]

Dear [Patient Name or Primary Care Physician Name],

This letter is to confirm that [Patient Name] was seen today for a routine post-operative assessment following their [Name of Surgery] procedure.

Clinical Progress:

The patient is recovering [well/as expected]. [He/She/They] reports that [mention pain levels, mobility, or specific symptoms].

Examination Findings:

Upon examination, the surgical site is [healing well/clean/dry]. There are no signs of infection or complications at this time. [Mention removal of sutures/staples if applicable].

Post-Operative Instructions:

- **Medication:** [List changes to medications or continuation of current plan].
- **Activity:** [List restrictions or recommended exercises].
- **Wound Care:** [List specific dressing change instructions].

Follow-Up Plan:

The patient is scheduled for a further follow-up appointment on [Date/Time] at [Location].

If there are any concerns such as increased redness, swelling, fever, or uncontrolled pain before the next appointment, please contact the clinic immediately at [Phone Number].

Sincerely,

[Signature]

[Doctor/Surgeon Name]
[Title/Position]