

Date: [Insert Date]

To: [Surgeon Name or Surgical Department]

Facility: [Hospital/Clinic Name]

Contact Number: [Phone Number]

RE: URGENT POST-OPERATIVE SYMPTOM REVIEW

Patient Name: [Full Name]

Date of Birth: [DOB]

Patient ID/MRN: [ID Number]

Procedure Date: [Date of Surgery]

Procedure Type: [Name of Operation]

Dear [Surgeon Name or On-Call Team],

I am writing to formally request an urgent review of my post-operative condition. Since returning home, I have developed the following concerning symptoms:

- [Symptom 1: e.g., Fever over 101F / 38.3C]
- [Symptom 2: e.g., Increasing redness, warmth, or discharge at the incision site]
- [Symptom 3: e.g., Uncontrolled pain not responding to prescribed medication]
- [Symptom 4: e.g., Sudden swelling or shortness of breath]

Timeline of Symptoms:

These symptoms first appeared on [Date/Time] and have [remained constant / worsened] over the last [Number] hours.

Current Medications:

I am currently taking: [List current post-op meds].

Please advise on the immediate next steps, whether I should present to your clinic for an evaluation, or if I should proceed directly to the Emergency Department.

I look forward to your immediate response. I can be reached at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]