

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Patient ID: [Insert ID Number]

Subject: Follow-up Regarding Your Surgical Recovery

Dear [Patient Name],

I am writing to check on your progress following your recent surgical procedure on [Date of Surgery]. Our records indicate that your recovery timeline is extending beyond the typical expected window for this procedure.

We would like to schedule a follow-up appointment to ensure that you are healing correctly and to address any complications or concerns you may have. Please contact our office at [Phone Number] or reply to this email to confirm a time for your evaluation.

In the meantime, please monitor for the following symptoms:

- Increased pain not managed by medication.
- Signs of infection, such as redness, swelling, or fever.
- Unexpected discharge from the incision site.
- Shortness of breath or chest pain.

If you are experiencing a medical emergency, please proceed to the nearest emergency room or call emergency services immediately.

We look forward to hearing from you and supporting your continued recovery.

Sincerely,

[Doctor/Provider Name]

[Department/Clinic Name]

[Contact Information]