

[Physician Name/Clinic Name]

[Department]

[Address]

[Phone Number]

[Date]

[Patient Name]

[Patient Address]

[Patient Date of Birth]

[Patient ID/Record Number]

Subject: Annual Surgical Recovery Evaluation

Dear [Patient Name],

This letter serves to document the findings of your annual surgical recovery evaluation conducted on [Date of Examination]. It has been approximately [Number] year(s) since your [Type of Surgery] procedure performed on [Date of Surgery].

1. Clinical Assessment:

During today's evaluation, we reviewed your physical healing, range of motion, and overall functional status. The surgical site appears [e.g., well-healed/stable], and there are no signs of long-term complications or hardware failure.

2. Patient Reported Outcomes:

You reported [e.g., minimal pain/full return to daily activities]. Your progress indicates a successful recovery trajectory consistent with expected clinical outcomes for this procedure.

3. Diagnostic Results:

[Insert details regarding X-rays, Labs, or Imaging if applicable, or state "No new imaging was required at this time"].

4. Recommendations:

Based on today's evaluation, the following plan is recommended:

- [e.g., Continue current exercise regimen]
- [e.g., No physical restrictions]
- [e.g., Return for follow-up in 12 months]

In conclusion, you have reached a satisfactory level of recovery. Please contact our office immediately if you experience any new pain, swelling, or loss of function before your next scheduled visit.

Sincerely,

[Signature]

[Physician Printed Name]
[Credentials/Title]