[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to the [Program Name] Post-Surgical Recovery Program. We are committed to supporting you throughout your healing process and ensuring you have the resources necessary for a safe and effective recovery.

As part of this program, you will receive:

- A personalized recovery timeline and activity plan.
- Scheduled follow-up appointments with your surgical team.
- Access to physical therapy and rehabilitation services.
- Educational materials regarding pain management and wound care.

Your first post-operative milestone is scheduled for [Date] at [Time]. Please bring any medications or discharge paperwork provided by the hospital to this session.

If you experience any urgent symptoms such as high fever, excessive swelling, or severe pain that is not managed by your medication, please contact our recovery coordinator immediately at [Phone Number].

We look forward to working with you to achieve your health goals.

Sincerely,

[Name of Coordinator/Doctor]
[Title]
[Facility Name]