

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Post-Surgical Medication Instructions for [Surgery Name]

Dear [Patient Name],

This letter is a follow-up to your recent surgery on [Date of Surgery]. To ensure your recovery is safe and effective, please review the medication schedule below. It is vital that you adhere strictly to these instructions to manage pain and prevent infection.

Current Medication Schedule:

- **[Medication Name 1]:** [Dosage] taken [Frequency] for [Duration/Purpose].
- **[Medication Name 2]:** [Dosage] taken [Frequency] for [Duration/Purpose].
- **[Medication Name 3]:** [Dosage] taken [Frequency] for [Duration/Purpose].

Important Adherence Guidelines:

- Do not skip doses, even if you feel better.
- Do not double a dose if you miss one; instead, contact our office for guidance.
- Complete the full course of antibiotics (if prescribed) to prevent complications.
- Avoid alcohol and [specific activities/foods] while taking these medications.

When to Contact Us:

Please call our office immediately at [Phone Number] if you experience:

- Severe nausea or vomiting.
- Allergic reactions (rash, itching, or swelling).
- Pain that is not controlled by the prescribed medication.
- Shortness of breath or dizziness.

Your health is our priority. If you have any questions regarding your prescription or recovery, please do not hesitate to reach out.

Sincerely,

[Physician Name]

[Practice Name]

[Contact Information]