

Date: [Insert Date]

To: [Doctor's Name/Department Name]

[Facility Name]

[Facility Address]

Subject: Inquiry Regarding Surgical Incision Healing - [Patient Name]

Dear [Doctor's Name],

I am writing to provide an update and seek guidance regarding the healing progress of my surgical incision following my procedure on [Date of Surgery].

Currently, I am observing the following regarding the incision site:

- Appearance: [Describe color, redness, or bruising]
- Discharge: [Describe any fluid, color, or odor, or state "None"]
- Pain Level: [Describe level of pain or discomfort]
- Temperature: [State if the area feels hot or if you have a fever]

I have attached a photo of the incision for your review (if applicable). Based on these observations, does the healing process appear to be on track, or do I need to schedule an in-person evaluation?

I am currently following the post-operative care instructions provided, including [mention specific care like bandage changes or cleaning]. Please let me know if there are any adjustments I should make to my recovery routine.

Thank you for your time and assistance.

Sincerely,

[Your Name]

[Your Phone Number]

[Your Date of Birth]