

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are contacting you following your recent procedure on [Date of Procedure] to check on your recovery and monitor any side effects related to the anesthesia you received.

It is common to experience mild side effects for 24 to 48 hours. Please review the following checklist and indicate if you are experiencing any of these symptoms:

- Nausea or vomiting
- Dizziness or lightheadedness
- Sore throat or hoarseness
- Muscle aches or chills
- Excessive drowsiness or confusion

If you are experiencing any severe symptoms such as difficulty breathing, chest pain, or a high fever, please seek emergency medical attention immediately or call 911.

Please complete the enclosed form or call our office at [Phone Number] between [Hours] to provide us with an update on your status. Your safety and comfort are our primary concerns.

Sincerely,

[Provider/Clinic Name]

[Anesthesia Department]

[Contact Information]