

[Doctor Name/Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

This letter is to provide follow-up instructions regarding your recent excision procedure performed on [Date of Procedure]. It is important to monitor the surgical site closely as it heals to ensure no infection develops.

Signs of Infection to Watch For:

- Increasing redness or red streaks spreading from the site.
- Increased pain, swelling, or warmth around the wound.
- Pus or foul-smelling discharge.
- Fever (above 100.4F) or chills.
- The wound opening or stitches coming apart.

Wound Care Instructions:

- Keep the bandage clean and dry for the first [Number] hours.
- Gently wash the area with mild soap and water as directed.
- Apply a thin layer of [Ointment Name] if prescribed.
- Avoid strenuous activity that may pull on the stitches.

Follow-Up Appointment:

Your scheduled appointment for suture removal and a wound check is:

Date: [Date]

Time: [Time]

If you notice any of the infection symptoms listed above before your scheduled appointment, please call our office immediately at [Phone Number].

Sincerely,

[Doctor Signature/Name]
[Clinic Name]