

[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Procedure: [Date of Biopsy]
Biopsy Location: [Body Site]

Dear [Patient Name],

This letter provides instructions and information regarding the healing and evaluation of your recent skin biopsy site.

1. Wound Care Instructions

- Keep the original bandage on for 24 hours. Keep the area dry during this time.
- After 24 hours, gently wash the site with mild soap and water. Pat dry.
- Apply a thin layer of petroleum jelly (Vaseline) or prescribed ointment to the site.
- Cover the site with a fresh adhesive bandage.
- Repeat this process daily until the site is fully healed or until sutures are removed.

2. Normal Healing Process

It is normal to experience some redness around the edges of the wound, mild swelling, and slight tenderness for the first few days. A small amount of clear or pinkish drainage is also expected.

3. Signs of Infection

Please contact our office immediately if you notice:

- Increasing pain, warmth, or significant swelling.
- Spreading redness (greater than 1 inch from the site).
- Pus or cloudy yellow/green discharge.
- Fever or chills.

4. Biopsy Results

Your tissue sample has been sent to the laboratory for evaluation. We expect the results to be available in approximately [Number] business days. We will contact you via [Phone/Patient Portal] once the results are reviewed by the physician.

5. Follow-Up Appointment

☐ No follow-up appointment is needed at this time.

☐ Please return on [Date/Time] for suture removal and evaluation.

If you have any questions, please call our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Title]