

Date: [Date]

Patient Name: [Patient Name]

Address: [Patient Address]

Date of Procedure: [Date of Excision]

Dear [Patient Name],

We are contacting you to follow up on your recent skin tag excision procedure. We hope your recovery is going well.

Please take a moment to review the following progress check:

- **Redness and Swelling:** Minor redness is normal for the first few days. Is the redness spreading or increasing?
- **Discharge:** Is there any yellow or green discharge, or an unpleasant odor from the site?
- **Pain:** Is the area becoming increasingly painful rather than improving?
- **Healing:** Is a healthy scab forming, or has the wound closed as expected?

Care Instructions Reminder:

- Keep the area clean and dry.
- Apply [Ointment Name, e.g., Vaseline] if directed by your provider.
- Do not pick at any scabs that form.
- Protect the area from direct sunlight to prevent scarring.

If you are experiencing a fever, excessive bleeding, or signs of infection (increased warmth and spreading redness), please call our office immediately at [Phone Number].

If you have any questions regarding the healing process, please do not hesitate to contact us.

Best regards,

[Provider Name/Clinic Name]

[Contact Information]