

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

I hope this letter finds you well. This is a follow-up regarding your recent knee replacement surgery on [Surgery Date]. We want to ensure that you are recovering as expected and to address any concerns you may have.

1. **\*\*Post-Operative Instructions\*\***: Please remember to follow the post-operative care instructions provided during your last visit. This includes medication management, wound care, and physical therapy exercises.
2. **\*\*Follow-Up Appointment\*\***: We would like to schedule your follow-up appointment for [Date/Time]. During this visit, we will assess your progress, discuss your recovery, and make any necessary adjustments to your rehabilitation plan.
3. **\*\*Symptoms to Monitor\*\***: Be mindful of any unusual symptoms such as increased pain, swelling, or signs of infection. If you experience any of these, please contact our office immediately.
4. **\*\*Physical Therapy\*\***: Continuing your physical therapy is crucial for a successful recovery. Please ensure you are attending your sessions as scheduled.

Feel free to reach out if you have any questions or concerns prior to your next appointment. Our goal is to support you every step of the way as you regain your mobility.

Wishing you a smooth and speedy recovery.

Warm regards,

[Your Name]  
[Your Title]  
[Your Practice/Organization]  
[Contact Information]