

[Your Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Discharge Summary - Knee Replacement Surgery

We are pleased to inform you that you are being discharged following your knee replacement surgery performed on [Date of Surgery]. Your progress has been satisfactory, and you are now ready to continue your recovery at home.

****Surgery Details:****

- Type of Surgery: [Total/Partial Knee Replacement]
- Surgeon: [Surgeon's Name]
- Date of Surgery: [Date]
- Anesthesia: [Type of Anesthesia Used]

****Post-Operative Care Instructions:****

1. ****Medication:****

- [List any prescribed medications and dosages]
- [Instructions for pain management]

2. ****Activity Level:****

- Limit weight-bearing on the affected leg for [number] weeks.
- Gradually increase activity as tolerated.

3. ****Wound Care:****

- Keep the surgical site clean and dry.
- Change dressings as directed.

4. ****Physical Therapy:****

- Begin therapy on [Date] and attend [number] sessions per week.

5. ****Follow-Up Appointments:****

- Schedule follow-up visit with your surgeon on [Date].

If you experience any signs of infection, increased pain, swelling, or any other concerning symptoms, please contact our office immediately or go to the nearest emergency room.

Thank you for choosing [Your Hospital/Clinic Name] for your care. We wish you a smooth and speedy recovery.

Sincerely,

[Your Name]

[Your Title]

[Signature]

[Contact Information]