

[Doctor's Letterhead]
[Doctor's Name]
[Doctor's Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

I am writing to confirm our recent consultation regarding your knee condition. After a thorough evaluation, it has become clear that you are suffering from [specific condition, e.g., osteoarthritis] which has significantly impacted your mobility and quality of life.

Given the severity of your symptoms, including [briefly describe symptoms such as pain, swelling, stiffness], and the lack of improvement with non-surgical treatments, I believe that a total knee replacement would be the most appropriate course of action for you.

The procedure is aimed at relieving pain, restoring function, and improving your overall quality of life. I recommend we proceed with scheduling this surgery at your earliest convenience.

Please feel free to contact my office if you have any questions or require further information about the procedure and recovery process.

Sincerely,

[Doctor's Signature]
[Doctor's Name]
[Doctor's Title/Position]
[Medical License Number, if applicable]