

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

Dear [Patient's Name],

Subject: Lymphedema Diagnosis Confirmation

I hope this letter finds you well. This correspondence is to formally inform you of your recent medical evaluation and diagnosis. Based on the clinical assessment and diagnostic tests conducted on [date of assessment], you have been diagnosed with lymphedema.

Lymphedema is characterized by an abnormal accumulation of lymph fluid, often resulting in swelling, primarily in the extremities. The primary causes of lymphedema can include [list relevant causes such as surgery, radiation therapy, or inherited conditions].

To manage the condition effectively, I recommend the following treatment plan:

1. Compression therapy
2. Manual lymphatic drainage
3. [Additional therapies or referrals as necessary]

Follow-up appointments will be essential to monitor your progress and adjust your treatment plan as needed. Please schedule your next appointment at your earliest convenience.

Should you have any questions or require further clarification regarding your diagnosis or management plan, do not hesitate to contact my office.

Best regards,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Clinic/Hospital Name]