

[Your Name]  
[Your Title/Position]  
[Your Clinic/Hospital Name]  
[Address Line 1]  
[Address Line 2]  
[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 correspondence serves as a follow-up regarding your recent evaluation and treatment for lymphedema. During our last appointment on [date of appointment], we discussed your progress and reviewed your treatment plan. As a reminder, your current management strategies include [list treatment strategies, e.g., compression therapy, exercise, skincare, etc.].

It is important to continue monitoring your symptoms. Please keep track of any changes in the swelling or discomfort in your affected limb(s), and don't hesitate to contact us immediately if you experience [list symptoms that warrant immediate attention, e.g., increased swelling, pain, signs of infection, etc.].

Your next follow-up appointment is scheduled for [date and time]. If you need to change this date or have any questions before then, please feel free to reach out.

Thank you for your attention to your health. We look forward to seeing you soon.

Warm regards,

[Your Name]  
[Your Title/Position]  
[Your Clinic/Hospital Name]