

[Your Name]
[Your Title/Position]
[Your Clinic/Hospital Name]
[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: Diagnosis and Management of Lymphedema

I am writing to summarize your condition and provide details regarding your diagnosis of lymphedema, as well as the proposed management plan we discussed during your recent visit.

Diagnosis:

You have been diagnosed with lymphedema affecting [specify area, e.g., left leg, right arm]. This condition is characterized by an abnormal accumulation of lymph fluid, which can lead to swelling, discomfort, and increased risk of infection.

Management Plan:

1. ****Compression Therapy****: It is essential for you to wear compression garments regularly to help reduce swelling. I recommend [specific type of garment] for your condition.

2. ****Lymphatic Drainage****: We will schedule you for manual lymphatic drainage sessions to facilitate lymph fluid movement.

3. ****Exercise****: Engaging in targeted exercises will help improve lymphatic flow. I will provide you with a tailored exercise program.

4. ****Skin Care****: Proper skin care is crucial to prevent infections. Please ensure to keep the affected area clean and moisturized.

5. ****Follow-Up****: We will schedule follow-up appointments to monitor your progress and adjust the treatment plan as necessary.

Please feel free to reach out if you have any questions or concerns regarding your treatment.

Sincerely,

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