

[Your Name]  
[Your Title/Position]  
[Your Clinic/Practice Name]  
[Address]  
[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 to provide an update on your progress following our lymphatic drainage massage sessions.

**\*\*Session Dates:\*\***

- [Date of Session 1]
- [Date of Session 2]
- [Date of Session 3]

**\*\*Observations & Progress:\*\***

During each session, it has been noted that:

- [Specific observations on swelling, inflammation, or circulation]
- [Any reported experiences or feedback from the patient]
- [Improvements in mobility or comfort levels]

**\*\*Recommendations for Continuing Care:\*\***

- I recommend continuing with [specific frequency of sessions, e.g., weekly, bi-weekly] sessions to maintain progress.
- Incorporate [suggested exercises, lifestyle changes, hydration tips, etc.] into your routine for optimal results.

**\*\*Next Steps:\*\***

- Our next appointment is scheduled for [Next Appointment Date].
- Should you have any questions or concerns prior to our next session, please do not hesitate to reach out.

Thank you for entrusting me with your care. I look forward to continuing our work together towards your wellness goals.

Warm regards,

[Your Signature (if sending a hard copy)]  
[Your Typed Name]  
[Your Title]