

[Your Clinic/Practice Name]  
[Your Clinic/Practice Address]  
[City, State, ZIP Code]  
[Phone Number]  
[Email Address]  
[Date]

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

Dear [Patient's Name],  
RE: Discharge Summary Following Rhinoplasty Surgery

Date of Surgery: [Surgery Date]  
Surgeon: [Surgeon's Name]

Procedure: Rhinoplasty  
Summary of Procedure:

On [Surgery Date], you successfully underwent a rhinoplasty procedure aimed at [briefly describe purpose, e.g., improving the appearance of the nose, correcting breathing issues, etc.]. The surgery lasted approximately [duration] and was conducted under [type of anesthesia] at [Facility Name].

Post-Operative Details:

Following surgery, you were monitored in the recovery room and discharged to your home in stable condition. The following instructions were provided to you:

1. **Medications**: You were prescribed [list any medications, e.g., pain relievers, antibiotics].
2. **Activity Restrictions**: Avoid strenuous activities, bending over, and heavy lifting for at least [duration].
3. **Follow-Up Appointment**: Please schedule a follow-up visit on [date] to assess your healing progress.

Signs to Watch For:

Please contact our office or seek medical attention if you experience:

- Increased bleeding
- Severe pain that is not relieved by medication
- Any signs of infection (fever, redness, swelling)

We encourage you to adhere to the post-operative care instructions to ensure a smooth recovery process. If you have any questions or concerns, please do not hesitate to reach out.

Wishing you a speedy and healthy recovery.

Sincerely,  
[Surgeon's Name]  
[Surgeon's Title/Position]  
[Your Clinic/Practice Name]  
[Contact Information]