

[Your Name]  
[Your Title/Position]  
[Your Hospital/Clinic 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],  
Congratulations on your successful knee replacement surgery! We are  
pleased to inform you that you are ready to be discharged from  
[Hospital/Clinic Name].  
\*\*Discharge Summary:\*\*  
- \*\*Procedure Date:\*\* [Date of Surgery]  
- \*\*Procedure:\*\* Total Knee Replacement  
- \*\*Surgeon:\*\* Dr. [Surgeon's Name]  
\*\*Post-Discharge Instructions:\*\*  
1. Rest and elevate your leg as much as possible.  
2. Follow the prescribed pain management plan.  
3. Attend physical therapy sessions as scheduled.  
4. Keep the surgical site clean and dry.  
5. Watch for any signs of infection: increased redness, swelling, or  
discharge.  
\*\*Follow-Up Appointment:\*\*  
Please schedule a follow-up appointment within [time frame] to monitor  
your recovery. You can contact our office at [phone number] or visit  
[website] for scheduling.  
If you have any questions or concerns, please do not hesitate to reach  
out to us. Your recovery is our priority.  
Best wishes for a smooth recovery!  
Sincerely,  
[Your Name]  
[Your Title]  
[Your Hospital/Clinic Name]