# Postoperative Instructions

**Purpose:** These instructions are provided to guide you through a safe and smooth recovery following your recent surgical procedure. Please read carefully and follow all directions. If you have questions, contact your healthcare provider.

## Patient Information

**Patient Name:** {name}
**Date of Surgery:** {surgeryDate}
**Procedure Performed:** {procedureName}

## Important Contacts

|  |  |  |
| --- | --- | --- |
| **Contact** | **Role** | **Phone Number** |
| {#contacts}{contactName} | {role} | {phoneNumber}{/contacts} |

## Postoperative Care Instructions

**Wound Care:**
 {woundCareInstructions}

**Medications:**
 Take your medications exactly as prescribed.

{#medications}

* **{medicationName}:** {dosage}, {frequency} - {notes}

{/medications}

**Activity Restrictions:**
 {activityRestrictions}

## Follow-Up Appointments

{#appointments}

* **Date:** {appointmentDate}, **Time:** {appointmentTime}, **Location:** {location}

{/appointments}

## When to Call Your Doctor

Contact your healthcare provider immediately if you experience any of the following:

{#warningSigns}

* {sign}

{/warningSigns}

## Additional Notes

{additionalNotes}

## Insurance Information

{#hasInsurance}

**Insurance Provider:** {insuranceProvider}
**Policy Number:** {policyNumber}

{/hasInsurance}

{^hasInsurance}

Note: This patient does not have active insurance on file.

{/hasInsurance}

## Attestation

 I, **{name}**, confirm that I have read and understood the postoperative instructions provided by my healthcare team.

**Patient Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** {currentDate}