Your Letterhead/Logo/Contact Info here

Dr. ……..… Date: ……
……
……

Re: Patient's Name (e.g., John Smith), DOB
Compression bandaging progress report

Dear Dr. ……

This letter is to provide you with a progress report regarding Mr. Smith's lymphedema treatment.

Mr. Smith has now completed the decongestion phase of the lymphedema treatment. We were able to decrease the left lower leg volume by 200 ml as compared to the initial assessment on August 14, 2019. The right lower leg volume also decreased, by 100 ml. Mr. Smith further stated that he has not experienced pain in his legs for several weeks.

Mr. Smith is now ready to be measured for custom compression garments, which he will need to wear daily to maintain the achieved volume reduction. Could you please fax a requisition for custom knee-high compression stockings to Mike Garmentfitter, OT, at the occupational therapy outpatient department at Edema Hospital (fax number: 777-777-7777).

Please feel free to call me directly at 888-888-8888 if you have any questions.

Sincerely,

Your Name
Certified Lymphedema Therapist