

Orthopedic Surgery Post-Operative Follow-Up Form

Patient Name

Date of Surgery

Date of Follow-Up

MRN / ID

Procedure

Surgeon

Operative Side

Current Complaints / Symptoms

Wound Status

Pain Level (0-10)

Mobility Status

Medications

Complications (if any)

X-ray/Evaluation Findings

Physiotherapy/Instructions

Next Follow-Up Date

Doctor's Notes

