[Your Name]

[Your Title/Position]

[Your Clinic's Name]

[Clinic Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Administrator/Head of Surgery Center ABC]

[Surgery Center ABC Name]

[Surgery Center ABC Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Letter of Attestation - Post-operative Infection Surveillance for Surgery Center ABC Patients

I am writing to provide an official attestation regarding the health status of patients from Surgery Center ABC who have been seen in my office during the month of [Month] in the year [Year]. As the [Your Title/Position] at [Your Clinic's Name], I have had the privilege of overseeing the care and health assessment of these patients.

I can affirm with confidence that, during the specified month, all Surgery Center ABC patients who visited my office displayed no signs or symptoms indicative of post-operative infections. I carefully assessed each patient's medical condition, reviewed their surgical histories, and conducted thorough examinations as part of our standard post-operative care protocol.

The absence of any signs or symptoms related to post-operative infections indicates that the patients from Surgery Center ABC have been recovering well, and their post-operative care and hygiene measures appear to have been effective. I have not identified any concerns that warrant further investigation or intervention.

It is important to acknowledge the commitment and professionalism of the surgical and medical staff at Surgery Center ABC in providing patients with excellent care and minimizing the risk of post-operative infections. These results reflect positively on the quality of care and the infection control measures implemented at your facility.

Please feel free to contact me if you require any additional information or documentation regarding the health status of these patients. I am available to collaborate with Surgery Center ABC to ensure the ongoing well-being of your patients.

Thank you for entrusting me with the care of your patients, and I look forward to continuing our collaborative efforts to maintain the high standard of care and patient safety that both our institutions are known for.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic's Name]