

Flokzu REAMDE Staggered Deployment - Move Orthopaedics Practise Patient Process

This section covers **LLM prompt refinement** for generated outputs and **email recipient updates**.

Both must be finalized **before** completing [Update Recipient of Emails](#).

Until then, **receptionists (practices)** are responsible for manually forwarding emails to relevant parties.

Key Principle:

The **practice email** must remain in **all** email recipient lists for **traceability**, **except** for:

- "SOS Message"
- All "Day x: Follow Up Message" templates

Fine-Tune LLM Prompts

Doctors must be fully satisfied with **content** and **format** of all AI-generated outputs.
Refinement is ongoing and must be signed off before email automation is finalized.

Consultation

Referral Letter

Patient Update - Patient Surname, Patient Name > | inbox x

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Dear Nicola Smit,

Patient: Patient Surname, Patient Name
DOB: 0001/01/01
Consultation Date: 2025/09/30

Please find below a consultation report for your patient.

[REDACTED]

Sincerely,
Move Orthopaedics
Practise Name

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Consultation Summary

Dr Smit (Test) Consultation Summary for 2025/09/29



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Hello Patient Name,

Thank you for choosing Move Orthopedics and for visiting the office of Dr Smit (Test). It was a pleasure to meet with you on 2025/09/29.

18:38 (0 minutes ago)



Please find a summary of your consultation below for your records.

Consultation Summary:

We are here to support you throughout your recovery. Please do not hesitate to call our office at +27829473208, nicola@kaleidoscopesa.co.za if you have any questions or if your symptoms change.

Warm regards,

The Team at Move Orthopedics
Test - Nicola

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Pre-Op Consultation

Pre-Op Consultation Summary

Test Practise Name Pre-Op Summary and AC Form Request for Patient Name Patient Surname



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Dear Anesthetists Name,

We are writing to request your completion of Anaesthetic Form for Patient Name Patient Surname, who is scheduled for an upcoming procedure.

13:29 (0 minutes ago)



The form can be accessed via the link here [AC Form](#)

and should be completed on the day of Patient Name Patient Surname visit to your practise.

Your prompt attention to this matter is greatly appreciated, as it is essential for ensuring all pre-operative protocols are completed and anaesthetic plans are confirmed in advance of the procedure.

For your reference, the pre-operative consultation summary is provided below:



Should you have any questions or require further information, please do not hesitate to contact us.

Thank you for your cooperation.

Sincerely,
The Team at Test Practise Name
Move Orthopedics

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Surgery

Surgery Feedback Summary

From {Surgery Date}

Practise Name Surgery Summary from

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19:29 (0 minutes ago)

Dear Patient Name,

Now that some time has passed since your procedure on , we hope your recovery is progressing well.

At Practise Name, we are consistently striving to improve the care and experience we provide to our patients. An important part of that process is listening to feedback from individuals like you.

We have carefully reviewed the notes and feedback from your surgical team regarding your procedure.

A summary of that feedback is provided below:

Our team values this reflective process immensely, as it is fundamental to maintaining our high standards of care and safety.

Please remember that our team is here to support you throughout your recovery. If you have any questions or concerns at all, please do not hesitate to reach out to us.

We thank you for trusting us with your care.

Warmly,
The Team at Practise Name
Move Orthopaedics

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Post-Operative Physio Instructions / Update

Post-Operative Physiotherapy Plan for Patient Surname, Patient Name ➤ [Inbox](#)

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12:44 (2 minutes ago)

Dear Physiotherapy Team,

Please find below the post-operative physiotherapy instructions and initial update for your patient:

Patient Name: Patient Surname, Patient Name
Date of Birth: 0001/01/01
Procedure Date: 2025/10/02

These instructions have been developed to guide the initial phase of rehabilitation. We recommend reviewing them prior to the patient's first session to align our treatment goals.

Action Required: To facilitate a coordinated approach to care, please complete the required physiotherapy assessment form via the link below after your initial evaluation. This will provide us with valuable feedback on the patient's progress.

[Post Operative Physio Form](#)

Your expertise is a crucial component of this patient's recovery. Thank you for your partnership in their care. Please do not hesitate to contact our office if you have any questions regarding these instructions.

Best regards,
The Team at Test Practise Name
Move Orthopaedics

Post-Operative Nursing Instructions

Post-Operative Nursing Instructions for Patient Surname, Patient Name ➤ [Inbox](#)

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19:39 (4 minutes ago)

Dear Nursing Team,

Please find below the detailed post-operative instructions for the following patient under your care:

Patient Name: Patient Name Patient Surname
Date of Birth: 0001/01/01

These instructions have been specifically tailored for this patient's procedure and recovery plan. Your careful review and adherence to these protocols are essential for ensuring optimal patient outcomes.

Post-Operative Nursing Instructions

Thank you for your diligence and expert care in implementing these instructions. Your role is vital to the patient's recovery journey.

Should you have any questions or require any clarification, please do not hesitate to contact us.

Respectfully,

The Team at Practise Name
Move Orthopaedics

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Update Recipient of Emails

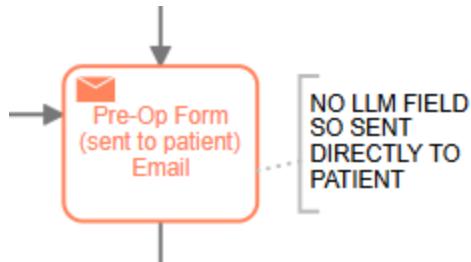
⚠ DO NOT COMPLETE UNTIL LLM PROMPTS ARE FINALIZED

Until then: Receptionists must forward emails manually

Note:

Some emails contain **no LLM-generated content** → sent directly to recipients

Example:



Exemplars of Communications Sent Directly (No LLM Content)

Pre-Op Form

Test Practise Name Pre-Op Form for Procedure on 2025/10/02 ➔ [Inbox x](#)

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11:35 (0 minutes ago) [Star](#) [Reply](#) [Forward](#) [More](#)

Hello Patient Name,

We are looking forward to caring for you on your upcoming surgery on 2025/10/02.

To ensure we are fully prepared for your procedure, please complete your pre-operative and consent forms your earliest convenience. We kindly ask that you submit it at least 48 hours before your surgery.

Here's what you need to do:

Click here to complete your [Pre-Op Form](#).

The form should only take about 5-10 minutes to complete.

Completing this form ahead of time helps our team personalize your care and makes your check-in process on surgery day smoother and faster.

We're here to help!

If you have any questions or trouble with the form, please don't hesitate to reach out to our team. We're happy to assist you.

Email: nicola@kaleidoscopes.co.za

Call us: +27829473208

Thank you for helping us prepare for your visit. We are committed to making your experience as comfortable as possible.

See you soon,
The Team at Test Practise Name
Move Orthopedics

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SOS Message

Practise Names' SOS Information ➔ [Inbox](#)



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19:07 (4 minutes ago)



Dear Patient Name,

Please save this email for easy reference throughout your recovery.

If you experience any of the following warning signs, please contact us immediately:

Fever above 38.3°C

Signs of infection at the incision site (e.g., increasing redness, swelling, warmth, or pus)

Severe or worsening pain not relieved by prescribed medication

Chest pain or shortness of breath

Calf pain, swelling, or redness (especially in one leg)

Numbness or weakness that is new or worsening

Any other severe or concerning symptom

In case of an emergency, please call our practice directly at:
+27829473208

If your concern is urgent and you are unable to reach us, please go to the nearest emergency room or call 911.

We are here to support you. Do not hesitate to call with any questions or concerns, big or small.

Sincerely,
The Team at Practise Name
Move Orthopaedics

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Follow-Up Messages

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12:37 (1 minute ago)



Hello Patient Name,

Swelling may peak today, and you might notice bruising beginning to appear near the incision or along the toes. This is a normal part of healing. Keep your dressing dry, continue strict elevation, and avoid letting the leg hang down for long periods.

Please complete the following form to give us a better indication of your current healing process:
[Day 2 Check-in Form](#)

Regards,
The Team at Test Practise Name
Move Orthopaedics

[Reply](#) [Forward](#) [Smile](#)

Post-Op Form

(6 weeks, 6 months, 1 year, 2 years, 5 years, 10 years post-discharge)

Test Practise Names' 6-week Post-Op Form ➔ [Inbox](#)



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12:58 (0 minutes ago)



Hello Patient Name,

It has been 6 weeks since your surgery with us.

There are some questions we would like for you to answer.

Please follow the link provided [6-week Post-Op Form](#)

Thank You

Regards,
The Team at Test Practise Name
Move Orthopaedics

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Note: Practice is included in all "---- Post Op Form" emails for traceability

Email Recipient Updates (Pending)

⚡ **CRITICAL** for formatting to be updated in rich text for email product

eg. `
` replaced with `<p>`

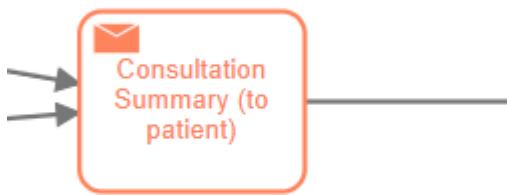
Referral Letter

- Referral Doctor Email
- Practise Email



Consultation Summary

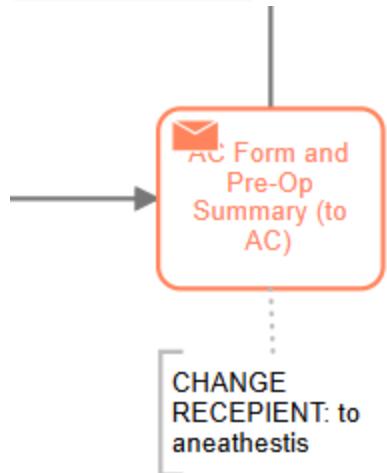
- Patient Email
- Practise Email



AC Form and Pre-Op Summary

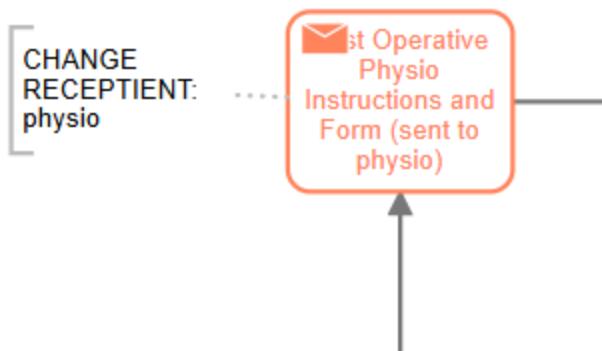
- Anesthetist Email

Practise Email



Post-Op Physio Instructions and Post-Op Physio Form

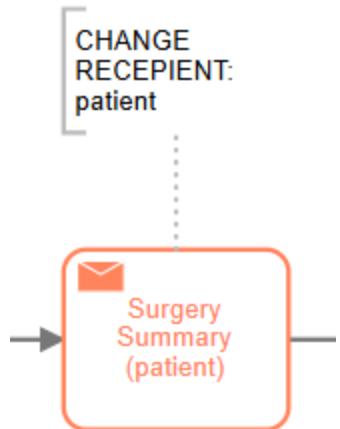
- Physiotherapist Email
- Practise Email



Surgery Summary

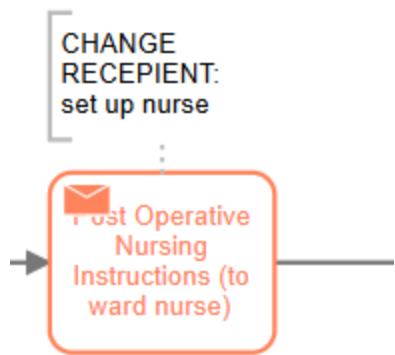
- Patient Email

Practise Email



Post-Op Nursing Instructions

nurse (as a role)
 Practise Email



End of Document

Last updated: November 17, 2025