

# Notification of Change in Treatment Plan

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of a change in your treatment plan that has been determined by your healthcare team.

After careful consideration and evaluation of your current condition, we believe that the following adjustments will better support your health and recovery:

- Change 1: [Describe the first change in treatment]
- Change 2: [Describe the second change in treatment]
- Change 3: [Describe any additional changes]

Please feel free to reach out to our office at [Office Phone Number] or [Office Email] if you have any questions or concerns regarding this change. We are here to support you every step of the way.

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]