

Off-Hours Medical Advice

Date: [Insert Date]

To: [Patient's Name]

From: [Your Name, Title]

Subject: Off-Hours Medical Advice

Dear [Patient's Name],

Thank you for reaching out regarding your medical concerns. This letter serves to provide you with off-hours medical advice based on the information you provided.

Symptoms Experienced: [Describe symptoms]

Advice:

- [Advice Point 1]
- [Advice Point 2]
- [Advice Point 3]

If your symptoms persist or worsen, please seek immediate medical attention or contact our office during regular hours at [office phone number].

Stay safe and take care.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]