

Ongoing Care Adjustments for [Patient's Name]

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of recent adjustments to the ongoing care plan for [Patient's Name], who is currently under our care for [specific health issues or conditions]. After assessing [his/her/their] condition and discussing with [him/her/them] and [his/her/their] family, we have identified some necessary changes to better meet [his/her/their] needs.

Care Adjustments

- Modification of medication dosage: [Details]
- Change in therapy schedule: [Details]
- Increased assistance with daily living activities: [Details]
- Scheduled follow-up appointments: [Details]

Please feel free to contact our office if you have any questions or require further clarification regarding these adjustments. Our goal is to ensure that [Patient's Name] receives the highest quality of care.

Thank you for your continued cooperation and support.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]