

# Hypertension Treatment Adjustment Notification

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about an adjustment to your hypertension treatment plan following your recent consultation and blood pressure readings.

Based on our assessment, we have decided to make the following changes to your medication:

- Medication: [New Medication Name]
- Dosage: [New Dosage]
- Frequency: [New Frequency]

Please ensure you follow the new regimen as prescribed. It is important to monitor your blood pressure regularly and report any side effects or concerns you may have.

We recommend scheduling a follow-up appointment in [Insert Time Frame] to assess the effectiveness of these changes.

If you have any questions or need further assistance, please do not hesitate to contact our office.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Title]  
[Your Clinic/Hospital Name]  
[Contact Information]