

Neurological Exam Follow-Up

Date: [Insert Date]

Dear [Patient's Name],

We are writing to follow up on your recent neurological examination conducted on [Insert Exam Date]. During the appointment, we reviewed your medical history, symptoms, and any current medications you are taking.

As part of your ongoing care, it is important to evaluate the effectiveness of your current medication regimen. We would like to review the following medications:

- [Medication Name 1] - Dosage: [Dosage] - Frequency: [Frequency]
- [Medication Name 2] - Dosage: [Dosage] - Frequency: [Frequency]

Please provide information on any side effects or changes in symptoms you have experienced since our last appointment. Your insights are invaluable for effective management of your treatment plan.

We encourage you to schedule an appointment for a medication review at your earliest convenience. Our goal is to ensure that your treatment plan is working effectively for you.

If you have any questions or concerns, please do not hesitate to contact our office at [Office Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]