

Notification of Immunotherapy Treatment Adjustment

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 immunotherapy treatment plan.

After a thorough review of your recent tests and progress, we believe that the following modifications will better suit your treatment needs:

- New Medication Dosage: [Insert Dosage]
- Frequency of Treatment: [Insert Frequency]
- Next Appointment Date: [Insert Date and Time]

Please feel free to reach out to us with any questions or concerns regarding these changes. Your health and well-being are our top priority.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]