

Dialysis Treatment Plan Adjustment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient's Name],

We are writing to inform you of adjustments made to your dialysis treatment plan following our recent evaluation. These changes have been made to better suit your current health needs and to optimize your treatment outcomes. Please review the adjustments below:

Adjustment Details:

- **Dialysis Frequency:** [Insert Frequency] per week
- **Duration of Sessions:** [Insert Duration] hours per session
- **Type of Dialysis:** [Insert Type e.g. Hemodialysis, Peritoneal Dialysis]
- **Dialysate Composition:** [Insert Composition Changes if any]
- **Medication Adjustments:** [List any Medication Changes]

Please schedule your next appointment at your earliest convenience. Should you have any questions or concerns regarding these changes, feel free to contact our office.

Thank you for your attention to these important adjustments. We are committed to providing you with the best possible care.

Sincerely,

[Your Name]

[Your Position]

[Dialysis Center Name]

[Contact Information]