

# **COPD Management Consultation - Medication Review**

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We would like to invite you for a medication review as part of your ongoing management for Chronic Obstructive Pulmonary Disease (COPD). This consultation will help us assess the effectiveness of your current medications and make any necessary adjustments to optimize your treatment plan.

## **Appointment Details**

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Clinic/Practice Name and Address]

## **Please Bring**

- A list of all medications you are currently taking
- Your inhalers
- Any other health information relevant to your condition

If you have any questions or need to reschedule, please contact our office at [Insert Phone Number].

We look forward to seeing you and helping you manage your COPD more effectively.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Contact Information]