

Change in Treatment Plan Notification

Dear [Parent/Guardian's Name],

We hope this message finds you well. We are writing to inform you about a change in the treatment plan for your child, [Child's Name], regarding their ongoing care.

After careful evaluation and consideration of [Child's Name]'s progress, we believe that a modification in the treatment approach is necessary to better support their needs. The details of the new treatment plan are as follows:

- **Previous Treatment:** [Description of previous treatment]
- **New Treatment:** [Description of new treatment]
- **Reason for Change:** [Reason for the modification]
- **Next Steps:** [What to expect moving forward]

We understand that changes in treatment can be concerning, and we want to assure you that this decision was made with your child's best interests in mind. If you have any questions or would like to discuss this further, please do not hesitate to reach out to our office at [Phone Number] or [Email Address].

Thank you for your understanding and for being an integral part of your child's care.

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Contact Information]