

Asthma Medication Review

Date: [Insert Date]

Dear [Patient's Name],

We hope this letter finds you well. As part of our commitment to your health, we would like to conduct a review of your asthma medication. This is to ensure that your current treatment plan is effective and to address any concerns you may have.

Current Medications

- [Medication 1] - [Dosage]
- [Medication 2] - [Dosage]
- [Medication 3] - [Dosage]

Review Objectives

1. Assess the effectiveness of current medications.
2. Identify any side effects you may be experiencing.
3. Discuss any changes in your symptoms.

Please schedule an appointment with us at your earliest convenience to discuss your asthma management. You can reach us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for your attention to this important matter. We look forward to working together to optimize your asthma care.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]