

Letter of Treatment Plan Adjustment

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

After our recent consultations and review of your chronic health condition, we have identified the need to adjust your treatment plan to better align with your current health status and treatment goals. This adjustment aims to enhance your overall well-being and manage your symptoms more effectively.

Current Treatment Overview

- Diagnosis: [Insert Diagnosis]
- Current Medications: [Insert Medications]
- Previous Treatments: [Insert Treatments]

Proposed Adjustments

- New Medications: [Insert New Medications]
- Increased Dosages: [Insert Dosages]
- Additional Therapy Sessions: [Insert Frequency]

Next Steps

Please schedule an appointment to discuss these changes in detail and address any questions or concerns you may have. Our goal is to ensure you are comfortable with your treatment plan moving forward.

Thank you for your continued trust in our care.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Contact Information]