

# Stroke Therapy Schedule Modification

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this letter finds you well. This is to inform you about a modification in your stroke therapy schedule. After reviewing your progress and current needs, we believe that adjusting your therapy sessions will be beneficial.

## Revised Schedule

Date	Time	Therapist
[New Date 1]	[New Time 1]	[Therapist Name 1]
[New Date 2]	[New Time 2]	[Therapist Name 2]
[New Date 3]	[New Time 3]	[Therapist Name 3]

If you have any questions or concerns regarding this schedule modification, please do not hesitate to contact our office at [Office Phone Number] or [Email Address].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]