

Patient Care Plan Adjustment

Date: [Insert Date]

To: [Patient's Name]

From: [Healthcare Provider's Name]

Subject: Adjustment to Patient Care Plan

Dear [Patient's Name],

We hope this letter finds you well. After reviewing your recent progress and feedback, we would like to propose some adjustments to your current care plan.

Current Plan Overview:

- **Medications:** [List current medications]
- **Therapies:** [List current therapies]
- **Follow-up Appointments:** [List follow-up appointments]

Proposed Adjustments:

- **Medications:** [List new medications or changes]
- **Therapies:** [List new therapies or changes]
- **Follow-up Appointments:** [List new follow-up appointments]

We believe these adjustments will better address your needs and support your overall health goals. Please feel free to reach out with any questions or concerns about these changes.

Thank you for your continued trust in our care.

Sincerely,

[Healthcare Provider's Name]

[Healthcare Provider's Title]

[Healthcare Facility Name]

[Contact Information]