

Therapy Regimen Modification

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

We are writing to inform you of a modification to your current therapy regimen. After careful evaluation of your progress and response to the ongoing treatment, we believe that adjustments are necessary to enhance your results and overall well-being.

Effective [Insert Effective Date], your new therapy regimen will include the following changes:

- Modification 1: [Brief Description]
- Modification 2: [Brief Description]
- Modification 3: [Brief Description]

Please feel free to reach out to our office if you have any questions or concerns regarding these changes. Your health and comfort are our top priorities, and we are here to support you through this process.

Thank you for your cooperation and understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]