

# Immunotherapy Follow-Up Instructions

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

**Dear [Patient Name],**

We hope this message finds you well. As part of your ongoing immunotherapy treatment, please adhere to the following follow-up instructions:

## **1. Appointments**

Please schedule your next appointment within **[Insert Time Frame]** after your last session. You can contact our office at **[Insert Phone Number]** to book your appointment.

## **2. Monitoring Symptoms**

Monitor any side effects or changes in your health, including:

- Fever or chills
- Extreme fatigue
- Skin rash or itching
- Any new or worsening symptoms

## **3. Medication**

Please continue taking your prescribed medications as instructed. If you experience any adverse reactions, contact our medical team immediately.

## **4. Lifestyle Considerations**

Maintain a healthy diet and stay hydrated. Regular gentle exercises, as advised by your healthcare provider, can be beneficial.

## **5. Contact Us**

If you have any questions or concerns, do not hesitate to reach out to our office. We are here to support you throughout your treatment.

Thank you for your attention to these instructions. We look forward to seeing you at your next visit.

**Best Regards,**

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Insert Contact Information]