

# Asthma Care Plan Amendment

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request an amendment to the asthma care plan for [Patient's Name], born on [Patient's Date of Birth], currently under my care.

## Current Asthma Care Plan Overview:

- Medication: [List Current Medications]
- Dosage: [List Dosage Information]
- Emergency Action Plan: [Brief Description]

## Proposed Amendments:

- Change in Medication: [Describe Changes]
- Revised Dosage: [New Dosage Information]
- Updated Emergency Action Plan: [Brief Description of Changes]

These changes are proposed in light of [reason for amendment, e.g., recent medical evaluation, change in symptoms]. I believe these amendments will significantly help in managing [Patient's Name]'s asthma effectively.

Please feel free to contact me at [Your Contact Information] if you have any questions or require further details regarding this amendment.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]