

Hypertension Management Medication Review

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient's Name],

We are conducting a review of your current hypertension management plan. This letter outlines your medications and provides recommendations for your ongoing treatment.

Current Medications:

- [Medication Name 1] - [Dosage]
- [Medication Name 2] - [Dosage]
- [Medication Name 3] - [Dosage]

Current Blood Pressure Readings:

Systolic: [Insert Systolic Value] mmHg

Diastolic: [Insert Diastolic Value] mmHg

Recommendations:

Based on your current medication and blood pressure readings, we recommend the following:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

Next Steps:

Please schedule an appointment to discuss these recommendations in detail. If you have any questions or concerns, do not hesitate to contact our office.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]