

# Treatment Modification Notice

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you of a modification to your treatment plan. After careful consideration and in accordance with the latest developments in your health status, we believe the following changes are necessary:

- **Current Treatment:** [Describe Current Treatment]
- **New Treatment:** [Describe New Treatment]
- **Effective Date:** [Insert Effective Date]

We believe this modification will better serve your health needs and outcomes. If you have any questions or concerns regarding this change, please do not hesitate to contact us.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]