

Patient Treatment Decision Assessment

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to provide you with an update regarding your recent treatment decisions and to assess the options available for your ongoing care.

As discussed during your last appointment on [Insert Date], we have been considering several treatment pathways that align with your health goals and preferences. Below is a summary of your treatment options:

- **Option 1:** [Brief description of the first treatment option]
- **Option 2:** [Brief description of the second treatment option]
- **Option 3:** [Brief description of the third treatment option]

We recommend that you consider these options carefully and think about what aligns best with your values and lifestyle. Please feel free to reach out to our office with any questions or for further discussion regarding these options.

Additionally, we would like to schedule a follow-up appointment to review your decision and discuss any additional support you may need moving forward. Please let us know your availability for the week of [Insert Date].

Thank you for your continued trust in our care.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Office Name]