

# Patient Treatment Preferences

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

**Dear [Healthcare Provider's Name],**

I hope this letter finds you well. I am writing to express my preferences regarding my treatment strategies as a patient receiving care. It is important for me to convey my thoughts on how I would like to approach my treatment.

## 1. Treatment Goals

My primary goals for treatment include:

- [Goal 1]
- [Goal 2]
- [Goal 3]

## 2. Preferred Treatment Options

I would like to explore the following treatment options:

- [Treatment Option 1]
- [Treatment Option 2]
- [Treatment Option 3]

## 3. Concerns and Considerations

Please consider the following concerns while devising my treatment plan:

- [Concern 1]
- [Concern 2]
- [Concern 3]

## Conclusion

Thank you for taking my preferences into consideration. I appreciate your efforts in providing me with the best possible care and look forward to our discussions regarding my treatment strategy.

Sincerely,

**[Your Name]**

**[Your Contact Information]**