

Follow-Up Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

Thank you for attending your respiratory therapy session on [Insert Date of Therapy]. Below are the follow-up instructions to ensure your continued recovery and improvement.

1. Medication Instructions

- Continue taking your prescribed medications as directed.
- Make sure to use your inhaler [insert frequency].

2. Breathing Exercises

- Practice the following breathing exercises [insert details] every day.
- Try to spend at least [insert time] on these exercises.

3. Follow-Up Appointment

Please schedule your next appointment for [insert date/time] by calling our office at [insert phone number].

4. Warning Signs

If you experience any of the following symptoms, please seek medical attention immediately:

- Increased difficulty breathing
- Chest pain
- Severe coughing

Thank you for your cooperation. We look forward to seeing you at your next appointment.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Contact Information]