

# Advanced Care Planning Review

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We hope this letter finds you well. As part of our commitment to ensuring that your healthcare preferences are respected and upheld, we would like to schedule a review of your advanced care plan.

It is important to reassess your values, wishes, and any changes in your health status that may affect your preferences. During this review, we will discuss:

- Your current health status
- Updates to your advanced directives
- Any new treatments or care options
- Your preferred healthcare proxy

We recommend scheduling this review at your earliest convenience. Please contact us at [Insert Phone Number] or [Insert Email Address] to arrange a suitable time.

Thank you for your attention to this important matter. We look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]