

[Doctor's Name/Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

## **RE: Diagnosis and Summary of Neurological Consultation**

Dear [Patient Name],

It was a pleasure meeting with you on [Date of Consultation] to discuss your recent episodes. Following a review of your medical history, symptoms, and diagnostic test results (including [mention tests like EEG or MRI]), we have reached a diagnosis regarding your condition.

### **Diagnosis:**

Based on our evaluation, you have been diagnosed with [Specific Diagnosis, e.g., Generalized Epilepsy / Focal Seizures].

### **Treatment Plan:**

To manage this condition and reduce the risk of future seizures, we recommend the following plan:

- **Medication:** [Name of Medication], [Dosage], [Frequency].
- **Lifestyle Adjustments:** [e.g., Ensure 8 hours of sleep, avoid alcohol, manage stress].
- **Safety Precautions:** Please refrain from driving or operating heavy machinery until your seizures are medically controlled.

### **Seizure First Aid:**

If a seizure occurs, family or bystanders should keep you safe by moving sharp objects away, turning you on your side to keep the airway clear, and timing the event. Seek emergency care if a seizure lasts longer than five minutes.

### **Follow-Up:**

We have scheduled a follow-up appointment for [Date/Time] to monitor your progress and adjust treatment if necessary. If you experience any severe side effects from the medication or have an increase in seizure frequency, please contact our office immediately.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Title/Department]