

[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent Pulmonary Function Test (PFT) performed on [Date of Test].

The results of your test indicate [Summary of Results: e.g., mild obstruction / improvement in lung capacity / decreased flow rates]. Based on these findings and your reported symptoms, we are making the following adjustments to your inhaler prescription:

**Current Medication to Stop:** [Name of Old Inhaler]  
**New Medication to Start:** [Name of New Inhaler]  
**New Dosage/Instructions:** [e.g., Two puffs twice daily]

The goal of this adjustment is to [e.g., better manage your shortness of breath / reduce inflammation / improve exercise tolerance].

A new prescription has been sent electronically to your pharmacy: [Pharmacy Name]. Please begin using the new medication as soon as you pick it up.

Please monitor your symptoms closely. If you experience increased shortness of breath, chest pain, or any adverse reactions to the new medication, contact our office immediately at [Phone Number].

We will schedule a follow-up appointment in [Number of Weeks/Months] to monitor your progress.

Sincerely,

[Doctor Name]  
[Practice Name]  
[Phone Number]