

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This is a reminder from [Clinic/Doctor Name] regarding your routine asthma management follow-up. Our records indicate that it is time for your next appointment to review your symptoms and medication plan.

Regular check-ups are essential to ensure that your asthma remains well-controlled and to update your Asthma Action Plan if necessary. During this visit, we will:

- Review your current symptoms and activity levels.
- Check your inhaler technique.
- Adjust your medications if needed.
- Discuss any concerns you may have.

Please contact our office at [Phone Number] or visit our online portal at [Website/Link] to schedule your appointment at your earliest convenience.

If you have already scheduled an appointment, please disregard this notice. We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]

[Clinic Name]

[Phone Number]