[Clinic/Surgery Name]
[Address Line 1]
[Address Line 2]
[Postcode]
[Phone Number]

[Date]

To [Patient Name],

Subject: Appointment for Asthma Inhaler Technique Review

Our records show that you are currently prescribed one or more inhalers for the management of your asthma. To ensure you are getting the full benefit of your medication, we would like to invite you to the clinic for an inhaler technique assessment.

Using the correct technique is essential to ensure the medicine reaches your lungs effectively. Even if you have used an inhaler for a long time, a regular check-up helps to confirm you are using the best method for your specific device.

Your Appointment Details:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **With:** [Insert Clinician Name/Role]

Please remember to bring **all** of your current inhalers and any spacer devices you use to this appointment.

If the time above is not convenient, please contact us at [Phone Number] to reschedule. If you have had an assessment at a pharmacy or another clinic within the last three months, please let us know so we can update your records.

Yours sincerely,

[Signature/Name]
[Job Title/Department]