[Doctor Name/Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

This letter is a follow-up regarding your recent severe asthma exacerbation on [Date of Incident]. Our records indicate that you required [Emergency Room/Hospitalization] care to stabilize your breathing. It is vital that we schedule a follow-up appointment within the next 7 days to review your recovery and adjust your long-term management plan.

Current Medication Instructions:

- Continue your rescue inhaler ([Inhaler Name]) as needed for immediate shortness of breath.
- Complete the full course of oral steroids ([Steroid Name]) as prescribed.
- Ensure you are using your daily controller medication ([Controller Name]) exactly as directed.

Warning Signs:
Please seek emergency medical attention immediately if you experience any of the following:

- Extreme difficulty breathing or gasping for air.
- Blue tint to your lips or fingernails.
- Rapid pulse or severe chest pain.
- No improvement after using your rescue inhaler.

Please call our office at [Phone Number] to confirm your follow-up appointment. Please bring all your current inhalers and your Asthma Action Plan to this visit.

Sincerely,

[Doctor Signature]
[Doctor Printed Name]