

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Subject: Initial Monitoring for Anticoagulation Therapy

Our records indicate that you have recently started a new anticoagulation medication (blood thinner). To ensure this medication is working safely and effectively for you, it is essential that we monitor your progress closely during this initial phase.

Please contact our office at [Phone Number] to schedule your follow-up appointment and required blood tests. These tests are necessary to determine if your dosage needs adjustment and to minimize the risk of side effects.

Appointment Details:

- **Required Test:** [Name of Test, e.g., INR or CBC]
- **Deadline for Testing:** [Date/Timeframe]

If you have already completed these tests or have an appointment scheduled, please disregard this letter. If you are experiencing any unusual bruising or bleeding, please contact us immediately or seek emergency care.

Thank you for your prompt attention to this matter.

Sincerely,

[Provider Name/Clinic Name]

[Clinic Phone Number]