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

[Date]

Patient Name: [Patient Name]
Appointment Date: [Date]
Appointment Time: [Time]

Dear [Patient Name],

Welcome to [Clinic Name]. You have been scheduled for a consultation with our Severe Asthma Specialist, [Doctor's Name]. We are committed to helping you gain better control over your respiratory health and improving your quality of life.

A severe asthma consultation is more comprehensive than a standard check-up. During this visit, we will review your medical history, current medications, and previous treatment outcomes to determine the best advanced therapies for your specific needs.

Please bring the following to your appointment:

- Your current asthma rescue and maintenance inhalers.
- A list of all other medications and supplements you are taking.
- Copies of recent chest X-rays, CT scans, or laboratory results (if available).
- Your completed patient intake forms (attached).

Important Preparation:
Depending on the tests required, you may be asked to perform a pulmonary function test (PFT). Please refrain from using your short-acting rescue inhaler (e.g., Albuterol) for 4 to 6 hours prior to your visit, unless you are experiencing an emergency.

If you need to reschedule or have any questions, please contact our office at [Phone Number] at least 24 hours in advance.

We look forward to meeting you and working together on your care plan.

Sincerely,

[Doctor's Name/Clinic Manager]
[Clinic Name]