[Physician or Facility Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient Name]
[Patient Address Line 1]
[City, State, Zip Code]

RE: Adverse Reaction Treatment Plan and Follow-Up

Dear [Patient Name],

This letter summarizes our discussion regarding the adverse reaction you experienced on [Date] following the administration of [Name of Medication/Treatment].

Clinical Assessment:
You reported symptoms of [List Symptoms, e.g., rash, swelling, nausea]. Based on our evaluation, this has been documented as a [Type of Reaction, e.g., mild allergic reaction/side effect].

Immediate Treatment Plan:
To manage your current symptoms, please follow these instructions:

- Discontinue use of [Medication/Treatment Name] immediately.
- Take [Medication Name, Dosage, Frequency] for [Duration].
- [Additional Instructions, e.g., apply cool compress].

Future Precautions:
Moving forward, you should avoid [Medication/Substance Name]. We have updated your medical record to include this allergy/sensitivity. Please ensure you inform all other healthcare providers of this reaction.

Monitoring and Follow-Up:
Please monitor your condition closely. You are scheduled for a follow-up appointment on:
Date/Time: [Follow-up Date/Time]
Location: [Office Location/Telehealth Link]

When to Seek Emergency Care:
Seek immediate emergency medical attention or call 911 if you experience:

- Difficulty breathing or wheezing.
- Swelling of the tongue, throat, or lips.
- Rapid heartbeat or feeling faint.
- Widespread hives or severe abdominal pain.

If you have any questions before your follow-up appointment, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Name, Title]