

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

[Date]

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

Subject: Follow-Up Regarding Your Blood Pressure Medication Adjustment

Dear [Patient Name],

This letter is a follow-up to our recent appointment on [Date of Last Visit], during which we adjusted your blood pressure medication. Our goal is to ensure your blood pressure is within a healthy range and that you are responding well to the new regimen.

Current Medication Plan:

[Name of Medication] - [Dosage] - [Frequency]

Instructions for Monitoring:

Please continue to monitor your blood pressure at home. We recommend checking it [Number] times per day and keeping a written log of the dates, times, and readings. Please bring this log to your next appointment.

Common Side Effects:

As your body adjusts to the change, you may experience mild symptoms such as dizziness or fatigue. However, please contact our office immediately if you experience severe headaches, chest pain, shortness of breath, or significant swelling.

Next Steps:

We have scheduled a follow-up appointment for you on [Date] at [Time] to review your progress. If you need to reschedule or have questions before then, please call us at [Phone Number].

It is important that you continue taking your medication exactly as prescribed. Do not stop or change your dosage without consulting us first.

Sincerely,

[Doctor Signature]

[Doctor Printed Name]