

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

Date: [Date]

Subject: Follow-up on Home Blood Pressure Monitoring Results

Dear [Patient Name],

Thank you for submitting your home blood pressure monitoring logs covering the period from [Start Date] to [End Date]. We have reviewed your readings and would like to provide the following feedback regarding your results.

Review Summary:

- **Average Systolic (Top Number):** [Average Systolic] mmHg
- **Average Diastolic (Bottom Number):** [Average Diastolic] mmHg
- **Overall Trend:** [Stable / Improving / Elevated]

Next Steps:

[Doctor's specific instructions: e.g., Continue current medication / Adjust dosage / Schedule an in-office appointment / Monitor for another 2 weeks].

Please continue to maintain a healthy lifestyle, including a low-sodium diet and regular physical activity, as discussed during your last visit. If you experience symptoms such as severe headaches, chest pain, vision changes, or shortness of breath, please seek medical attention immediately.

Our office will contact you if we need to schedule a formal follow-up appointment. If you have any questions regarding these results, please contact us at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Clinic/Practice Name]