

Date: [Date]

To: [Referring Physician Name]

Clinic: [Referring Clinic Name]

Address: [Clinic Address]

RE: Patient Follow-Up

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Consultation: [Consult Date]

Dear Dr. [Physician Last Name],

Thank you for referring [Patient Name] for the management of resistant hypertension. I saw the patient today to evaluate their clinical progress and response to the adjusted treatment plan.

Clinical Status:

The patient's blood pressure at today's visit was [BP Reading] mmHg. They report [good/fair/poor] adherence to the prescribed medications. The patient [is/is not] experiencing symptoms such as headaches, dizziness, or palpitations.

Diagnostic Findings:

Recent lab results and diagnostics show:

- Creatinine/eGFR: [Value]
- Electrolytes: [Value]
- EKG: [Brief Findings]
- Other: [e.g., Echocardiogram or Urinalysis results]

Assessment:

The patient's hypertension is currently [controlled/uncontrolled/improving]. We discussed lifestyle modifications, specifically [sodium restriction/exercise/weight management].

Plan:

The following changes have been made to the medication regimen:

- [Medication Name, Dosage, Frequency]
- [Medication Name, Dosage, Frequency]

We will perform [Follow-up Tests/Labs] in [Time Frame].

Follow-Up:

The patient is scheduled to return to my office in [Weeks/Months]. Please continue to monitor their routine metabolic panels.

Sincerely,

[Your Signature]
[Your Printed Name]
Cardiology Specialist
[Contact Information]