

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

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

Dear [Patient Name],

This letter is a follow-up regarding your recent hospital discharge on [Discharge Date]. Our records indicate that you were treated for hypertension (high blood pressure). It is important to continue managing your blood pressure to prevent future health complications.

**Follow-Up Appointment:**

You have a scheduled appointment on [Date] at [Time] with [Provider Name]. Please call our office at [Phone Number] if you need to reschedule.

**Medication Instructions:**

Please continue taking all medications exactly as prescribed during your discharge. Do not stop or change your dosage without consulting your doctor. If you are experiencing side effects, please notify us immediately.

**Home Monitoring:**

We recommend tracking your blood pressure at home. Please bring your blood pressure log and all current medication bottles to your next appointment.

**Warning Signs:**

Seek immediate medical attention or call 911 if you experience any of the following:

- Severe chest pain
- Sudden, severe headache
- Shortness of breath
- Blurred vision or sudden confusion
- Numbness or weakness

We look forward to seeing you at your follow-up visit.

Sincerely,

[Doctor Name/Signature]  
[Clinic Name]