

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-up on Asthma Medication Adjustment and Action Plan Review

Dear [Patient Name],

This letter is to follow up on your recent appointment on [Date of Visit], during which we reviewed your Asthma Action Plan and made adjustments to your medication regimen.

As discussed, your updated medication schedule is as follows:

- **Maintenance Medication:** [Name of Drug], [Dosage], [Frequency]
- **Rescue Medication:** [Name of Drug], [Dosage], [Instructions for Use]
- **Other Changes:** [List any other modifications here]

Please ensure you have replaced your old Action Plan with the new version provided during your visit. It is important to monitor your symptoms closely over the next [Number] weeks. Please track your peak flow readings and any instances where you required your rescue inhaler.

If you experience increased shortness of breath, a cough that does not improve, or if you find yourself using your rescue medication more than twice a week, please contact our office at [Phone Number] immediately.

We have scheduled a follow-up check-in for [Date/Time]. If you have any questions regarding your new instructions before then, do not hesitate to reach out.

Sincerely,

[Provider Name]

[Clinic Name]