

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

It was a pleasure meeting you at your recent appointment on [Date of Visit]. This letter is a follow-up regarding the Asthma Action Plan we developed together during your initial consultation.

As we discussed, your Asthma Action Plan is a personalized guide designed to help you manage your symptoms and respond effectively to asthma flares. Please keep this document in a visible and accessible place, such as on your refrigerator or in your travel bag.

Key reminders from your plan:

- **Green Zone:** Continue your daily controller medication as prescribed to maintain long-term lung health.
- **Yellow Zone:** If you experience coughing, wheezing, or chest tightness, follow the instructions for your rescue inhaler and monitor your symptoms closely.
- **Red Zone:** If symptoms are severe or do not improve with rescue medication, seek emergency medical attention immediately.

Please ensure you have refilled all prescriptions discussed during your visit. We recommend sharing a copy of this plan with your family members, school, or workplace so they are aware of how to assist you if needed.

We have scheduled your next follow-up appointment for [Date/Time]. If you have any questions regarding your medications or if your symptoms worsen before our next meeting, please contact our office at [Phone Number].

Sincerely,

[Provider Name]
[Provider Title]