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

[Date]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

This letter is to follow up on your cardiology medication regimen, specifically regarding the monitoring of potential side effects for the following medication(s): [List Medications].

Our records indicate that you are due for a follow-up assessment to ensure these medications are working effectively and safely for you. Please review the checklist below and note if you have experienced any of the following:

- Dizziness or lightheadedness
- Unusual fatigue or weakness
- Swelling in the ankles or legs
- Shortness of breath
- Irregular heartbeats or palpitations
- Persistent dry cough
- Muscle pain or tenderness

To monitor your progress, please complete the following steps:

1. **Lab Work:** Please visit the lab for your scheduled [Blood Tests/Kidney Function/Electrolyte] panel.
2. **Vital Signs:** Continue to log your home blood pressure and heart rate readings.
3. **Appointment:** Schedule your follow-up consultation by calling [Phone Number] or using the patient portal.

If you are experiencing severe chest pain, fainting, or sudden difficulty breathing, please seek emergency medical attention immediately or call 911.

Do not stop taking or change the dosage of your medications without consulting your cardiologist first.

Sincerely,

[Physician Name/Provider Name]
[Department Name]
[Clinic Name]