[Date]

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

Subject: Follow-up Regarding Your Specialist Visit with [Specialist Name]

Dear [Patient Name],

We have received and reviewed the consultation report from your recent visit with [Specialist Name] regarding [Reason for Referral/Condition].

Based on their recommendations, we are now ready to implement the following treatment plan:

- **Medication Changes:** [List any new prescriptions, dosage changes, or discontinued medications]
- **Procedures/Therapies:** [List any scheduled treatments, physical therapy, or minor procedures]
- **Monitoring:** [List any required blood work, imaging, or home tracking tasks]
- **Lifestyle Adjustments:** [List any recommended dietary or activity modifications]

Your next follow-up appointment with our office is scheduled for [Date] at [Time] to monitor your progress. If you experience any new symptoms or have questions regarding these instructions before your next visit, please contact us at [Phone Number].

Sincerely,

[Doctor Name]
[Practice Name]