**Date:** [Date]

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

Dear [Patient Name or Guardian],

This letter is to follow up on your recent consultation regarding your ongoing treatment plan. Based on our clinical review, we are implementing the following updates to your care:

## 1. Specialist Recommendation

To ensure you receive the most comprehensive care for [Condition/Reason], we recommend a consultation with a specialist in **[Specialty, e.g., Cardiology]**.

- **Recommended Specialist:** [Doctor Name, if applicable]
- **Facility/Clinic:** [Clinic Name]
- **Contact Number:** [Phone Number]
- **Urgency:** [Routine / Urgent / Within X Weeks]

## 2. Medication Adjustments

We have reviewed your current prescriptions and have made the following changes effective **[Date]**:

| Medication Name | Action (New / Change / Stop) | New Dosage/Frequency | Notes |
|---|---|---|---|
| [Medication 1] | [Action] | [Dosage Details] | [Reason for change] |
| [Medication 2] | [Action] | [Dosage Details] | [Reason for change] |

## 3. Next Steps

- Please schedule your appointment with the specialist listed above as soon as possible.
- Update your local pharmacy with the new medication instructions provided in this letter.
- Monitor for any side effects and contact our office immediately if you experience [Specific Symptoms].

We will review the specialist's findings during our next follow-up appointment scheduled for **[Next Appointment Date]**.

Sincerely,

[Physician Name]
[Clinic Name]
[Contact Information]