

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

It has been two weeks since your last appointment and the start of your new medication regimen for [Condition/Reason]. This letter is a routine follow-up to see how you are adjusting to your treatment.

Taking your medication exactly as prescribed is the most important step in managing your health. Please take a moment to consider the following:

- Are you taking the medication at the correct time each day?
- Have you missed any doses in the last 14 days?
- Are you experiencing any new or unusual side effects?
- Do you have enough medication remaining until your next refill?

If you are having difficulty remembering your doses or if you are concerned about side effects, please contact our office at [Phone Number]. We can discuss tools such as pill organizers, mobile apps, or adjustments to your schedule to make this process easier for you.

We look forward to seeing you at your next scheduled appointment on [Date/Time].

Sincerely,

[Provider Name/Signature]

[Clinic/Facility Name]