

[Date]

[Patient Name]

[Patient Address]

[Patient City, State, Zip Code]

Dear [Patient Name],

I am writing to follow up on your recent visit regarding the management of your withdrawal symptoms. Our goal is to ensure you are feeling supported and that your treatment plan is effectively minimizing your discomfort during this transition.

Please take a moment to review the following points regarding your care:

- **Current Symptoms:** Are you experiencing any new or worsening symptoms since our last appointment?
- **Medication Adherence:** Are you taking your prescribed medications exactly as directed?
- **Side Effects:** Are you experiencing any adverse reactions to the current treatment?
- **Support System:** Have you been able to connect with your designated support network or counseling services?

It is important to monitor your progress closely. If you experience severe symptoms such as extreme agitation, hallucinations, seizures, or chest pain, please seek emergency medical attention immediately.

Your next follow-up appointment is scheduled for [Date] at [Time]. If you need to adjust this time or if you have questions before then, please contact our office at [Phone Number].

We are committed to helping you through this process.

Sincerely,

[Provider Name]

[Practice/Clinic Name]