

[Date]

[Patient Name]

[Patient Address]

[Patient Phone Number]

Dear [Patient Name],

Subject: Adjustment to Your Nicotine Replacement Therapy (NRT) Plan

Following our recent consultation on [Date], we are adjusting your Nicotine Replacement Therapy (NRT) to better support your smoking cessation goals.

Based on your current progress and reported symptoms, your new NRT schedule is as follows:

Current Medication(s): [Name of Patch/Gum/Lozenge]

New Dosage: [Specific Dose, e.g., 14mg]

Frequency: [e.g., Once daily / As needed for cravings]

Duration: [Number of weeks]

Instructions for Use:

[Insert specific instructions, such as "Apply patch to a clean, dry area of skin each morning" or "Use gum when you feel a strong urge to smoke"].

Please monitor for any side effects such as skin irritation, sleep disturbances, or nausea. If you experience severe symptoms or have questions regarding this adjustment, please contact our office at [Phone Number].

Our next follow-up appointment is scheduled for [Date/Time].

Sincerely,

[Provider Name]

[Clinic Name]