

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter outlines the recommended Long-Term Maintenance and Wellness Support plan to help you sustain the progress made during your recent treatment and to promote your ongoing health.

Clinical Summary:

Following your treatment for [Condition/Reason for Treatment], you have reached a stable baseline. Transitioning to a maintenance phase is essential to prevent relapse and manage long-term wellness.

Maintenance Schedule:

To monitor your health effectively, we recommend the following appointment frequency:
[Frequency, e.g., Once every 3 months / Quarterly check-ins]

Wellness Support Recommendations:

- **Medication/Supplement Management:** Continue [Medication Name] as prescribed.
- **Lifestyle Adjustments:** Focus on [Dietary/Exercise/Sleep] goals as discussed.
- **Monitoring:** Please track [Specific Metric, e.g., Blood pressure/Mood/Weight] weekly.

Support Resources:

For additional support between visits, you may access [Resource/Support Group/Patient Portal].

Red Flags:

Please contact our office immediately if you experience [List specific symptoms or warning signs].

Consistency is the key to long-term success. We look forward to supporting you in this next phase of your health journey.

Sincerely,

[Provider Name/Signature]

[Title/Practice Name]

[Contact Information]