

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Regarding Your Recent Symptoms

Dear [Patient Name],

I am writing to follow up on the treatment provided for your recent symptoms of [mention symptoms, e.g., cough/pain/fever].

During our last appointment on [Date], we discussed a treatment plan consisting of [mention treatment/medication]. The purpose of this letter is to confirm whether your symptoms have fully resolved or if you are still experiencing any issues.

Please contact our office at [Phone Number] to provide an update. Specifically, let us know:

- If your symptoms have completely disappeared.
- If you are experiencing any side effects from the prescribed treatment.
- If you feel a follow-up appointment is necessary.

If your symptoms have returned or worsened, please call us immediately or seek urgent medical care if necessary.

We look forward to hearing from you to ensure your recovery is progressing as expected.

Sincerely,

[Provider Name/Signature]

[Practice/Clinic Name]