

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is a follow-up to our recent clinical review regarding your current medications and your physical safety. Our primary goal is to ensure that your treatment plan is effective while minimizing the risk of accidental falls.

Review Summary:

During our review, we identified certain medications that may contribute to dizziness, drowsiness, or decreased balance. As a result, we have made the following adjustments to your regimen:

- **Medication Discontinued:** [Name of Medication]
- **Dosage Adjusted:** [Name of Medication] changed from [Old Dose] to [New Dose]
- **New Medication Added:** [Name of Medication] for [Condition]

Fall Prevention Instructions:

- Take your medications exactly as prescribed and at the recommended times.
- Rise slowly from a sitting or lying position to prevent a sudden drop in blood pressure.
- Ensure your home environment is free of tripping hazards like loose rugs or cluttered walkways.
- Inform us immediately if you experience new lightheadedness or blurred vision.

Next Steps:

Please begin these changes on [Start Date]. We would like to schedule a follow-up appointment on [Date/Time] to monitor your progress and assess your stability.

If you have any questions regarding these changes, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Clinic Name]

[Contact Information]