[Doctor Name/Practice Name]
[Address Line 1]
[Address Line 2]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[Patient City, State, Zip]

RE: Follow-Up on Comprehensive Medical History Review

Dear [Patient Name],

Thank you for participating in your recent comprehensive medical history review on [Date of Review]. This letter serves as a follow-up to our discussion and a summary of the next steps in your care plan.

Based on our review of your past medical conditions, surgical history, family history, and current symptoms, we have identified the following areas that require attention:

- [Finding/Observation 1]
- [Finding/Observation 2]
- [Finding/Observation 3]

Recommended Action Items:

- **Diagnostic Testing:** Please complete the following tests: [List Tests, e.g., blood work, imaging].
- **Medication Changes:** [List changes or "Continue current regimen"].
- **Specialist Referrals:** A referral has been placed for: [Specialist Name/Type].
- **Lifestyle Adjustments:** [List recommendations].

We have scheduled a follow-up appointment for you on [Date] at [Time] to review your test results and monitor your progress. If you have any questions or if your symptoms change before this date, please contact our office immediately.

Sincerely,

[Doctor Signature]
[Doctor Name, Title]