

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

I am writing to check on your progress following the recent change to your therapy plan on [Date of Modification]. When we adjust medications or treatment protocols, it is important to monitor how your body responds during the initial transition period.

Please take a moment to consider the following:

- Have you noticed any new physical symptoms or discomfort?
- Have there been any changes in your mood, sleep patterns, or appetite?
- Are you experiencing any skin rashes, headaches, or digestive issues?
- Is the new regimen easier or more difficult to follow than the previous one?

If you are experiencing any adverse reactions or have concerns about the modification, please contact our office at [Phone Number] or message us through the patient portal. If you experience a medical emergency, please dial 911 or go to the nearest emergency room immediately.

We have a follow-up appointment scheduled for [Date/Time] to discuss your progress in detail. If you need to reschedule, please let us know as soon as possible.

Sincerely,

[Provider Name/Signature]

[Practice Name]