

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Review of Modified Treatment Plan for [Case/Reference Number]

Dear [Patient Name],

This letter is to formally provide you with the updated instructions regarding your modified treatment plan, following our recent clinical review on [Date of Review].

Based on your progress and recent evaluations, the following modifications have been made to your original plan:

- **Medication Changes:** [Specify changes or 'None']
- **Activity Restrictions:** [Specify changes or 'None']
- **Therapy/Procedure Frequency:** [Specify changes or 'None']
- **Dietary Adjustments:** [Specify changes or 'None']

**Specific Instructions:**

[Insert detailed step-by-step instructions for the patient here]

Please review these changes carefully. It is important to follow this revised protocol to ensure the continued effectiveness of your recovery and care. All other aspects of your previous treatment plan that were not mentioned above remain in effect.

We will monitor your response to these modifications during your next scheduled appointment on [Next Appointment Date].

If you have any questions regarding these new instructions or if you experience any unexpected side effects, please contact our office immediately at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Provider Title]

[Facility/Practice Name]