

[Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Date]

To: [Patient Name]  
DOB: [Patient Date of Birth]

Dear [Patient Name],

Following our recent consultation, this letter confirms the initiation of your osteoporosis treatment plan. Managing bone density is a critical step in reducing your risk of future fractures and maintaining your mobility.

**Medication Prescribed:** [Name of Medication]

**Dosage:** [Dosage Amount]

**Frequency:** [How often to take it]

**Administration Instructions:**

[Insert specific instructions, e.g., take on an empty stomach with a full glass of water, remain upright for 30 minutes, etc.]

**Education and Lifestyle Recommendations:**

1. Calcium Intake: Aim for [Amount] mg daily through diet or supplements.
2. Vitamin D: Take [Amount] IU daily as discussed.
3. Exercise: Engage in weight-bearing and resistance exercises as tolerated.
4. Safety: Ensure your home is free of tripping hazards to prevent falls.

**Follow-Up Plan:**

We have scheduled a follow-up appointment on [Date/Time] to monitor your progress and discuss any side effects. You will also require a repeat DEXA (bone density) scan in [Number] months/years.

If you experience any unusual symptoms, such as persistent bone/joint pain or difficulty swallowing, please contact our office immediately.

Sincerely,

[Provider Name]  
[Provider Title]