

[Doctor/Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

This letter is to follow up on your recent visit on [Date of Visit] for your routine annual device adjustment and evaluation of your [Name of Device, e.g., Pacemaker/ICD/Hearing Aid].

During your appointment, we performed a comprehensive check of your device's battery life, lead integrity, and internal settings. We are pleased to inform you that your device is functioning correctly and within the expected parameters. Based on our findings, the following adjustments were made:

- [Adjustment 1 or "No changes required"]
- [Adjustment 2 or "Software updated"]

Your next routine evaluation should be scheduled in twelve months, around [Month, Year]. However, please contact our office immediately if you experience any of the following symptoms:

- Dizziness or fainting
- Shortness of breath
- Unusual palpitations
- Redness or swelling near the device site

Detailed reports of this adjustment have been added to your medical record. If you have any questions regarding your settings or the longevity of your device, please call our office at [Phone Number].

Sincerely,

[Doctor/Technician Name]
[Title]