

[Your Name]  
[Your Title/Position]  
[Your Practice/Institution Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

Subject: Hypertension Management Prescription

After our recent consultation and evaluation, I am writing to provide you with a prescription for managing your hypertension. It is important to adhere to the following treatment plan to help control your blood pressure and reduce the risk of complications.

Prescription:

1. [Medication Name] - [Dosage] - [Instructions for use]
2. [Medication Name] - [Dosage] - [Instructions for use]
3. [Additional Recommendations, if any]

Please ensure you follow the prescribed dosage and schedule.

Additionally, I recommend monitoring your blood pressure regularly and maintaining a record of your readings.

Should you experience any side effects or have questions about your medications, please do not hesitate to contact my office.

Thank you for your attention to your health.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Credentials]