[PHYSICIAN’S LETTERHEAD]

[DATE]

[DR. NAME]

[CENTER]
[ADDRESS]

[CITY, STATE ZIP]

Dear Dr. [NAME]:

Thank you again for referring [INSERT PATIENT NAME] to my practice for a WATCHMAN™ Left Atrial Appendage Closure procedure. I recently completed a follow-up device assessment for this patient using Transesophageal Echocardiography (TEE) and am pleased to report that your patient can now discontinue [his/her] warfarin medication.

The patient was advised to [INSERT PRESCRIBED DRUG REGIMEN; EXAMPLE: begin clopidogrel 75 mg daily and increase aspirin dosage to 300-325 mg daily for 6 months and remain on aspirin 300-325 mg indefinitely.]

If you have questions, please contact me at [(XXX) XXX-XXXX].

Thank you again for allowing me to participate in [INSERT PATIENT NAME]’s care. I am very excited that, in collaboration, we were able to free this patient from the challenges of long-term warfarin therapy. I look forward to continuing to work with you to offer an option for patients with non-valvular atrial fibrillation who are seeking an alternative to long-term warfarin therapy.

Sincerely,

[DOCTOR NAME]

[TITLE]

[INSTITUTION]