

Medication Review Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Patient Phone: [Insert Patient Phone]

Dear [Patient's Name],

We are writing to inform you about your recent medication review concerning your chronic condition--[Insert Condition]. It is important to ensure that your treatment plan is effective and that your medications are well-managed.

Current Medications

- [Medication Name 1] - [Dosage]
- [Medication Name 2] - [Dosage]
- [Medication Name 3] - [Dosage]

Review Findings

After evaluating your medication regimen, we found that:

- [Finding 1 - e.g., effective dosage, side effects, etc.]
- [Finding 2]
- [Finding 3]

Recommendations

Based on the review, we recommend the following changes:

- [Recommendation 1 - e.g., dosage adjustment, new medication, etc.]
- [Recommendation 2]

Please schedule an appointment with our office to discuss these recommendations further. Your health and well-being are our top priority.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Contact Information]