

Medical Grievance Letter for Prescription Errors

Date: [Insert Date]

To,
[Recipient Name]
[Recipient Title]
[Health Institution Name]
[Health Institution Address Line 1]
[Health Institution Address Line 2]

Dear [Recipient Name],

I am writing to formally lodge a grievance regarding a prescription error that occurred on [insert date of incident]. My name is [Your Name], and I am a patient at your facility. My patient ID is [Patient ID].

On [insert date], I received a prescription for [medication name] that was incorrect. Instead of [incorrect medication], I was supposed to receive [correct medication]. This has led to [describe any consequences, e.g., adverse effects, additional medical issues, etc.].

As a result of this error, I experienced [detail any personal impact, emotional distress, additional medical visits, etc.]. I believe that proper procedures were not followed, and I urge you to investigate this matter and implement measures to prevent similar occurrences in the future.

I appreciate your attention to this serious issue and look forward to your prompt response addressing my concerns.

Thank you for your consideration.

Sincerely,
[Your Name]
[Your Address]
[Your Contact Information]