

Patient Communication Preferences for Medication Management

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Patient's Name]

Subject: Communication Preferences for Medication Management

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to communicate my preferences regarding medication management. Effective communication is essential for my overall health and well-being. Below are my preferences:

Preferred Methods of Communication

- Email: [Patient's Email]
- Phone Call: [Patient's Phone Number]
- Text Messaging: [Patient's Preferred Number]

Frequency of Communication

I prefer to receive updates and reminders regarding my medication management:

- Weekly
- Bi-weekly
- Monthly

Additional Notes

If there are any important changes to my medication, please notify me as soon as possible, regardless of the preferred frequency.

Thank you for your attention to my preferences. I appreciate your support in managing my medication effectively.

Sincerely,

[Patient's Name]

[Patient's ID or Date of Birth]