

Patient Medication Plan Modification

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient's Name or Healthcare Provider],

We would like to inform you about modifications made to your medication plan as discussed during your last appointment.

Current Medication Plan

- Medication A: [Dosage & Frequency]
- Medication B: [Dosage & Frequency]
- Medication C: [Dosage & Frequency]

Modified Medication Plan

- Medication A: [New Dosage & Frequency]
- Medication B: [New Dosage & Frequency]
- Medication C: [New Dosage & Frequency]

These changes are made based on [reason for modification]. Please ensure to follow the new medication plan closely.

If you have any questions or concerns regarding this modification, do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]