

# Medication List Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We are writing to confirm your current medication list as part of your ongoing healthcare management. Please review the medications below:

- Medication Name 1: [Dosage] - [Frequency]
- Medication Name 2: [Dosage] - [Frequency]
- Medication Name 3: [Dosage] - [Frequency]
- Medication Name 4: [Dosage] - [Frequency]
- Medication Name 5: [Dosage] - [Frequency]

If any medication details are incorrect, please contact our office at [Insert Contact Number] or reply to this email.

Thank you for your attention to this matter, and for being a valued patient.

Sincerely,

[Healthcare Provider Name]

[Healthcare Provider Title]

[Healthcare Facility Name]

[Contact Information]