

Medication List Modification Notification

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you of the recent modifications made to your medication list. Please review the changes carefully:

Modified Medications:

- **Medication Name 1** - [Reason for modification]
- **Medication Name 2** - [Reason for modification]
- **Medication Name 3** - [Reason for modification]

New Medications Added:

- **New Medication Name 1** - [Dosage and instructions]
- **New Medication Name 2** - [Dosage and instructions]

Discontinued Medications:

- **Discontinued Medication Name 1** - [Reason for discontinuation]

For any questions or concerns about these changes, please do not hesitate to contact our office.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]