

Notification of Medication Adjustment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient's Name],

We would like to inform you that after careful consideration of your recent evaluations and health progress, we have made necessary adjustments to your medication regimen.

New Medication Plan:

- Medication Name: [Insert Medication Name]
- Dosage: [Insert New Dosage]
- Frequency: [Insert Frequency]

Please ensure that you adhere to the new medication plan. If you have any questions or concerns regarding these changes, do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization/Practice Name]

[Contact Information]