

# Patient Medication Inventory Change Notification

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you about a change in your medication inventory. Our records indicate that there has been an update regarding your prescribed medications.

## Updated Medication Inventory:

- Medication Name: [Insert Medication Name]
- Dosage: [Insert Dosage]
- Frequency: [Insert Frequency]
- Prescribing Doctor: [Insert Doctor's Name]

If you have any questions or concerns regarding this change, please do not hesitate to contact our office at [Insert Contact Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]