

Revised List of Patient Medications

Date: [Insert Date]

To: [Patient's Name]

From: [Your Name/Practice Name]

Subject: Revised List of Medications

Dear [Patient's Name],

We hope this message finds you well. Please find below the revised list of your current medications:

Medication Name	Dosage	Frequency	Indication
[Medication 1]	[Dosage 1]	[Frequency 1]	[Indication 1]
[Medication 2]	[Dosage 2]	[Frequency 2]	[Indication 2]

If you have any questions or concerns regarding your medications, please do not hesitate to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]