

# Updated Prescription Details

Date: [Date]

Patient Name: [Patient's Full Name]

Patient ID: [Patient ID]

**Dear [Patient's Name],**

We are writing to inform you of an update to your prescription. Please find the details below:

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

If you have any questions or concerns regarding your prescription, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Clinic/Pharmacy Name]