

Dosage and Schedule 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 dosage and schedule. After reviewing your recent assessments and response to treatment, we have determined it is necessary to adjust your medication as follows:

Current Dosage:

[Current Medication Name]: [Current Dosage] - [Current Frequency]

New Dosage:

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

Please start the new dosage on [Effective Date]. It is important to follow the new schedule closely to ensure the best possible outcome for your treatment.

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

Thank you for your attention to this matter and for being a valued patient.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Healthcare Facility Contact Information]