

Drug Therapy Revision Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you about the upcoming revision of your current drug therapy plan. After a thorough review of your medical history and recent tests, we believe it is necessary to adjust your medication to better manage your condition.

Revised Drug Therapy Plan:

- Medication 1: [Name, Dosage, Frequency]
- Medication 2: [Name, Dosage, Frequency]
- Medication 3: [Name, Dosage, Frequency]

Please schedule an appointment with our office to discuss these changes in detail and to address any questions you may have.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]