

# Medication Dosage Modification Notice

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you that your medication dosage has been modified following your recent consultation. Please find the details of the new dosage below:

## Medication Details:

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

Please begin taking the new dosage as of [Start Date]. It is important to adhere to this new dosage for your health and well-being.

Should you have any questions or concerns regarding this change, please do not hesitate to contact our office at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider Name]

[Contact Information]