

Revised Medication Instructions

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Provider Name: [Insert Provider Name]

Provider Contact: [Insert Provider Contact Information]

Dear [Patient's Name],

We are writing to provide you with updated instructions regarding your medication regimen. Please carefully review the following changes:

Medication List:

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

Important Instructions:

[Insert any important instructions, potential side effects to monitor, or special considerations.]

Follow-Up:

Please schedule a follow-up appointment on [Insert Date] or sooner if you have any concerns. Contact us at [Insert Contact Number] for any questions.

Thank you for your attention to these important changes.

Sincerely,

[Provider's Name]

[Provider's Title]

[Healthcare Facility Name]