

Hormone Replacement Therapy Prescription Update

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Patient Phone: [Insert Patient Phone]

Dear [Patient Name],

This letter serves to update you on your current hormone replacement therapy (HRT) prescription. Based on our recent consultation and your health assessment, the following adjustments have been made:

- **Medication Name:** [Insert Medication Name]
- **Dosage:** [Insert Dosage]
- **Frequency:** [Insert Frequency]
- **Duration:** [Insert Duration]

Please remember to adhere to the prescribed dosage and schedule. If you experience any side effects or have any questions, do not hesitate to contact our office.

Thank you for trusting us with your healthcare needs.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Clinic or Hospital Name]

[Contact Information]