

Confirmation of Medication Delivery Adjustment

Date: [Insert Date]

Dear [Patient's Name],

We are writing to confirm the adjustment made to your medication delivery schedule. Your new delivery details are as follows:

- **Medication Name:** [Insert Medication Name]
- **Dosage:** [Insert Dosage]
- **Delivery Frequency:** [Insert Frequency]
- **Next Delivery Date:** [Insert Date]

If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]