Medication Adverse Effect Notification

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to inform you about an adverse effect I experienced while taking [Medication Name] prescribed on [Date of Prescription].

Details of the Adverse Effect:

[Describe the adverse effect, including symptoms and severity]

The symptoms began on [Date Symptoms Began] and have persisted since then. I have taken the following steps to manage the symptoms:

- [Step 1]
- [Step 2]
- [Step 3]

I would appreciate your guidance on how to proceed with this matter. Please let me know if you require any further information.

Thank you for your attention to this issue.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Information]