

Medication Adverse Reaction Disclosure

Date: [Insert Date]

To: [Family Member's Name]

From: [Your Name]

Subject: Disclosure of Medication Adverse Reaction

Dear [Family Member's Name],

I hope this message finds you well. I am writing to inform you about a recent adverse reaction I experienced following the administration of medication prescribed to me. It is important that you are aware of this situation for both my health and your own.

Details of the Medication:

- Name of the Medication: [Medication Name]
- Date of Administration: [Date]
- Dosage: [Dosage]

Description of Adverse Reaction:

[Provide a brief description of the adverse reaction, including symptoms and duration.]

Given this experience, I encourage you to monitor your own health closely and discuss any medications you may be taking with your healthcare provider.

Please feel free to reach out if you have any questions or if you would like to discuss this further.

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Contact Information]