

Formal Notice for Medication History Sharing

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Title]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves as a formal notice for the sharing of medication history pertaining to [Patient's Name], whose date of birth is [Patient's Date of Birth]. In accordance with health privacy laws, we require your consent to share this information with [Name of Healthcare Provider/Facility].

The medication history will include:

- Current medications
- Previous medications
- Medication allergies
- Dosage and administration instructions

Please sign and return the attached consent form to proceed with this essential exchange of information. If you have any questions, feel free to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Institution]
[Your Address]
[City, State, Zip Code]