

Request for Medication Information Sharing

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the sharing of medication information pertaining to [Patient's Name or Identifier] for the purpose of ensuring continuity of care and optimizing treatment outcomes.

The specific information I am requesting includes:

- Current medications
- Dosing information
- Medication history
- Any relevant side effects experienced

This information is crucial for me to provide the best possible care and to avoid any potential medication-related complications.

Please let me know if there are any forms or procedures that I need to complete for this request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this important request.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]