

Confirmation of Allergy Drug Adjustment

Date: [Insert Date]

Dear [Patient's Name],

This letter is to confirm the recent adjustment made to your allergy medication as discussed in your appointment on [Insert Appointment Date].

The following changes have been made to your medication regimen:

- **Previous Medication:** [Insert Previous Medication]
- **New Medication:** [Insert New Medication]
- **Dosage:** [Insert Dosage]
- **Duration:** [Insert Duration]

Please adhere to the new medication schedule and contact our office if you experience any unusual side effects or have questions.

Thank you for your attention to this matter.

Sincerely,

[Doctor's Name]

[Doctor's Contact Information]

[Medical Practice Name]