

Request for Allergy Medication Dosage Change

Date: [Insert Date]

To,

[Doctor's Name]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to formally request a change in the dosage of my allergy medication, [Medication Name].

As you are aware, I have been experiencing [briefly explain symptoms or issues with current dosage]. After monitoring my condition and discussing it with my [family member/another healthcare provider], I believe a dosage adjustment may be necessary to manage my allergies effectively.

I would appreciate your expertise and guidance on this matter and would be grateful if you could consider changing my dosage to [desired dosage] or recommend an alternative that would better suit my needs.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]