

# Epilepsy Medication Adjustment Notice

Date: **[Insert Date]**

To: **[Patient's Name]**

Address: **[Patient's Address]**

City, State, Zip: **[City, State, Zip]**

Dear **[Patient's Name]**,

We would like to inform you about an adjustment to your epilepsy medication regimen based on our recent evaluations.

Your current medication, **[Current Medication Name]**, will be adjusted as follows:

- **New Medication:** [New Medication Name]
- **Dosage:** [New Dosage]
- **Frequency:** [New Frequency]

This adjustment is made to better manage your condition and ensure optimal effectiveness. Please make sure to follow the new instructions carefully.

If you have any questions or concerns regarding this change, do not hesitate to reach out to our office at **[Office Phone Number]**.

Thank you for your attention to this matter.

Sincerely,

**[Doctor's Name]**

**[Medical Practice Name]**

**[Contact Information]**