

# Documentation of Side Effects from Cosmetic Application

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally document the side effects I experienced following the application of [Cosmetic Product Name] on [Date of Application].

## Details of Application:

- Product Name: [Cosmetic Product Name]
- Brand: [Brand Name]
- Date of Application: [Date]
- Method of Application: [Describe how the product was applied]

## List of Side Effects Experienced:

1. [Side Effect 1]
2. [Side Effect 2]
3. [Side Effect 3]
4. [Additional Side Effects]

I have consulted with my physician regarding these side effects, and I have been advised to [brief description of any recommended actions/treatments].

I appreciate your attention to this matter, and I hope that this documentation will be useful for any further investigations regarding the safety of [Cosmetic Product Name].

Thank you for your time.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]