

# Important Notification: Medication Side Effects

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about potential side effects associated with your prescribed medication, [Medication Name]. It's important for you to be aware of these effects to ensure your safety and well-being.

## Possible Side Effects:

- [Side Effect 1]
- [Side Effect 2]
- [Side Effect 3]
- [Side Effect 4]
- [Side Effect 5]

If you experience any of these side effects, please contact our office immediately at [Office Phone Number]. We encourage you to discuss any concerns with your healthcare provider before making any changes to your medication.

Thank you for your attention to this important matter. Your health and safety are our top priorities.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider/Organization Name]

[Contact Information]