

# Medication Side Effects Report

Date: [Insert Date]

To: [Insert Recipient Name]

From: [Insert Your Name]

Subject: Report of Side Effects During Clinical Trial

## Patient Information

**Patient ID:** [Insert Patient ID]

**Age:** [Insert Age]

**Gender:** [Insert Gender]

## Medication Information

**Medication Name:** [Insert Medication Name]

**Dosage:** [Insert Dosage]

**Start Date:** [Insert Start Date]

**End Date:** [Insert End Date]

## Reported Side Effects

- [Insert Side Effect 1]
- [Insert Side Effect 2]
- [Insert Side Effect 3]

## Severity of Side Effects

[Describe the severity (mild, moderate, severe)]

## Comments

[Provide any additional comments or relevant information]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]