

Medication Side Effects Summary

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Name/Your Title]

Patient: [Patient's Name]

Medication: [Medication Name]

Summary of Side Effects:

- **Common Side Effects:**
 - [Side Effect 1]
 - [Side Effect 2]
 - [Side Effect 3]
- **Serious Side Effects:**
 - [Serious Side Effect 1]
 - [Serious Side Effect 2]

Patient's Experience:

[Brief Description of Patient's Experience with Medication]

Recommendations:

[Suggested Actions or Follow-up Steps]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]