

Medication Change Notice

Date: [Insert Date]

Dear [Patient's Name],

We are writing to inform you about a change in your medication regimen as part of your health condition management.

Current Medication: [Current Medication Name] - [Dosage]

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

This change has been made to help improve your health outcomes and better manage your condition. Please take the new medication as prescribed and follow the guidelines provided.

If you have any questions or concerns regarding this change, please do not hesitate to contact our office.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]