

Letter of Exemption from Medication

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request an exemption from the medication [Medication Name] for [Patient's Name], due to [reason for exemption, e.g., medical condition, allergies, or personal beliefs].

[Patient's Name] has been experiencing [brief description of the condition or reason], which necessitates this exemption from the prescribed medication. After consultation with [Doctor's Name or Healthcare Provider's Name], we have determined that an alternative treatment plan is more suitable.

Please find attached any supporting medical documents and recommendations from [Doctor's Name or Healthcare Provider's Name].

Thank you for your attention to this matter. I appreciate your consideration of this exemption request.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]