

Adverse Reaction Notification

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

From: [Your Name]

Address: [Your Address]

Subject: Notification of Adverse Reactions to Prescribed Medication

Dear [Healthcare Provider's Name],

I am writing to inform you of some adverse reactions I have experienced after being prescribed [Medication Name] on [Date of Prescription]. Below are the details of the reactions:

- **Reaction:** [Describe the reaction, e.g., rash, nausea, etc.]
- **Date of Onset:** [Date reaction began]
- **Duration:** [Duration of reaction]
- **Severity:** [Mild/Moderate/Severe]

Additionally, I have stopped taking the medication as of [Date] due to these reactions, and I am now experiencing [any ongoing symptoms or issues].

I would appreciate your guidance on how to proceed with my treatment and the possibility of adjusting my medication. Please let me know if you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]