

To [Specialist's Name]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

Subject: Concern Regarding Medication Side Effects

Dear [Specialist's Name],

I hope this message finds you well. I am writing to express my concerns regarding the side effects I have been experiencing from the medication prescribed during my last visit.

Since I began taking [Medication Name] on [Start Date], I have noticed the following side effects:

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

These side effects have significantly impacted my daily life, and I believe it is important to discuss possible alternatives or adjustments to my treatment plan.

I would greatly appreciate your guidance on how to proceed and if we can schedule a follow-up appointment at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]