

Medication Side Effects Feedback

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Name]

Subject: Feedback on Medication Side Effects

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to provide feedback regarding the medication prescribed to me, [Medication Name], which I have been taking for [duration].

During this time, I have experienced the following side effects:

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

These effects have been [describe how the side effects impacted your daily life], and I wanted to bring them to your attention. I would appreciate your guidance on how to manage these symptoms and whether any adjustments to my treatment plan are necessary.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Name]

[Your Contact Information]