

Medication Intolerance Notification

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I am writing to inform you of a medication intolerance experienced by [Patient's Name] during treatment for [Condition]. Following our recent consultation, we have identified that [Patient's Name] has shown intolerance to [specific medication(s)] which has manifested as [specific symptoms].

In light of this intolerance, I recommend revisiting the treatment plan to explore alternative medication options that may be more suitable for [Patient's Name]. It would be beneficial to consider [alternative medications or therapies] during the follow-up consultation.

Please let me know if you need any further information or if there are forms to fill out for the follow-up treatment planning.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]