

Medication Side Effects Report

Date: [Insert Date]

To Whom It May Concern,

I am writing to report side effects experienced by patient **[Patient Name]**, who has been prescribed **[Medication Name]** on **[Start Date]**. The following side effects have been observed:

- **Side Effect 1:** [Description]
- **Side Effect 2:** [Description]
- **Side Effect 3:** [Description]

The patient has reported these side effects on **[Date of Report]** and is experiencing them consistently. It is important for ongoing patient safety monitoring that these side effects be reviewed and addressed as necessary.

Please feel free to contact me at **[Your Contact Information]** for any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Institution/Practice Name]