

Patient Name: [Patient's Name]

Date: [Date]

Dear [Provider's Name],

I am writing to summarize my ongoing experiences with the medication therapy prescribed for me.

Since starting the treatment, I have encountered several negative reactions, including:

- [Details of Reaction 1]
- [Details of Reaction 2]
- [Details of Reaction 3]

These reactions have led to discomfort and have affected my daily life. I believe it is essential to reevaluate the current therapy to discuss possible alternatives or adjustments.

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

Sincerely,

[Your Name]

[Your Contact Information]