

Letter of Recommendation

Date: [Insert Date]

To Whom It May Concern,

I am writing to recommend [Patient's Name], who has been under my care since [Insert Start Date]. Due to the complexities of their medical history and the current medications they are prescribed, I believe a thorough review of potential drug interactions is necessary.

[Patient's Name] is currently taking the following medications:

- [Medication 1]
- [Medication 2]
- [Medication 3]

Given the combination of these medications, there may be significant interactions that could impact [his/her/their] health. I kindly urge you to conduct a comprehensive review of these interactions to ensure the safety and efficacy of [his/her/their] treatment plan.

Thank you for your attention to this important matter. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]