Medication Adjustment Notification

Date: [Insert Date]

To: [Healthcare Provider's Name]

Address: [Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

We are writing to inform you of an adjustment in the prescribed medications for your patient, [Patient's Name], [Patient's ID/Number]. After a recent evaluation, the following changes have been made:

Current Medication:

- Medication Name: [Current Medication Name]
- Dosage: [Current Dosage]
- Frequency: [Current Frequency]

Adjusted Medication:

- Medication Name: [New Medication Name]
- Dosage: [New Dosage]
- Frequency: [New Frequency]

Please ensure that the patient is advised accordingly regarding this medication adjustment. If you have any questions or require further clarification, feel free to reach out to us.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Contact Information]