

Notification of Changes to Medication Schedule

Date: [Insert Date]

Dear [Caregiver's Name],

This letter is to inform you of recent changes to the medication schedule for [Patient's Name]. The following modifications are effective starting [Effective Date]:

Updated Medication Schedule

Medication Name	Dosage	Frequency	Notes
[Medication 1]	[Dosage 1]	[Frequency 1]	[Notes 1]
[Medication 2]	[Dosage 2]	[Frequency 2]	[Notes 2]

Please ensure that these changes are implemented promptly and that [Patient's Name] receives the correct medications as per the new schedule.

If you have any questions or concerns regarding this change, please do not hesitate to reach out to me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]