

Medication Therapy Modification Notification

Date: [Insert Date]

To: Nursing Staff

From: [Your Name] [Your Title]

Subject: Modifications in Medication Therapy for [Patient's Name/ID]

Dear Nursing Team,

I am writing to inform you of recent modifications to the medication therapy for [Patient's Name] (Patient ID: [ID Number]). Please ensure that the following changes are implemented effective immediately:

Medication Changes:

- **Medication:** [Medication Name]
- **Dosage:** [New Dosage]
- **Route:** [Administration Route]
- **Frequency:** [New Frequency]
- **Start Date:** [Start Date of New Dosage]
- **End Date:** [End Date if applicable]

Please update the patient's medication administration record accordingly and monitor for any potential side effects. Report any adverse reactions immediately.

Should you have any questions or need further clarification regarding these changes, feel free to reach out.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]