

Revised Medication Instructions for Pharmacy Partners

Date: **[Insert Date]**

To: **[Pharmacy Partner Name]**

From: **[Your Name]**

Subject: Important: Revised Medication Instructions

Dear [Pharmacy Partner Name],

We are writing to inform you about important revisions to the medication instructions for the following patient:

- Patient Name: **[Patient Name]**
- Prescription Number: **[Prescription Number]**
- Medication: **[Medication Name]**
- Revised Dosage: **[New Dosage]**
- Administer: **[New Administration Instructions]**

These changes are effective immediately and are crucial for the continued health and safety of the patient. Please ensure that all pharmacy staff are aware of these updates and apply them accordingly when dispensing the medication.

If you have any questions or require further information, do not hesitate to contact me directly at [Your Phone Number] or [Your Email]. Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]