

Letter of Concern Regarding Medication Adjustment

Date: [Insert Date]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to express my concern regarding the recent adjustment to my medication regimen. On [insert date of adjustment], my medication was changed from [previous medication] to [new medication].

While I understand that changes may be necessary to optimize my treatment, I have noticed several side effects that I believe warrant discussion. Specifically, I have experienced [list side effects], which have significantly impacted my daily life.

I would greatly appreciate the opportunity to discuss my concerns with you and explore possible alternatives or adjustments that may alleviate these issues. Please let me know a convenient time for us to speak or meet.

Thank you for your attention to this matter. I look forward to your guidance.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]