

Dispute Regarding Medication Alteration

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

I am writing to formally dispute the recent alteration made to my medication regimen. On [Insert Date of Alteration], I was informed that my prescribed medication [Insert Medication Name] would be replaced with [Insert New Medication Name]. I believe this change is unjustified and could potentially harm my health.

I have been successfully managing my condition with [Insert Medication Name] for [Insert Duration]. Prior to the alteration, I experienced [Insert Positive Effects or Benefits]. The new medication [Insert New Medication Name] has not been adequately discussed with me, and I am concerned about its side effects and efficacy compared to my current treatment.

Therefore, I respectfully request a reconsideration of this decision and ask to be reinstated on my original medication. I would appreciate scheduling a follow-up appointment to further discuss this matter.

Thank you for your attention to this urgent issue. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]