

Letter of Dissatisfaction Regarding Updated Medication Prescription

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Pharmacy/Doctor's Office Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my dissatisfaction with the recent update to my medication prescription. I have been a patient at [Doctor's Office/Pharmacy Name] for [insert duration], and I have always appreciated the care I received until now.

On [insert date], I was informed about the changes made to my prescription for [insert medication name]. Unfortunately, I have experienced [describe specific issues, e.g., side effects, lack of efficacy, etc.]. This has caused me significant concern and discomfort.

I would appreciate it if we could discuss this matter further to explore alternative options or adjustments that could better suit my needs. Please let me know a suitable time for us to communicate.

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

Sincerely,

[Your Name]