

Letter of Objection to Prescription Modification

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Insurance Company/Pharmacy Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally object to the recent modification of my prescription for [Name of Medication] prescribed by my healthcare provider, [Doctor's Name]. The modification, dated [Date of Modification], raises significant concerns for me regarding my health and treatment plan.

The original prescription was tailored to meet my specific medical needs, and the proposed changes may negatively impact the effectiveness of my treatment. [Optional: Briefly explain your medical condition and the importance of the original prescription.]

I kindly request that you reconsider this modification and reinstate the original prescription. Documentation from my healthcare provider, supporting the necessity of the original medication plan, is attached for your reference.

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

Sincerely,

[Your Name]

Attachments: [List of Attached Documents]