

# Letter of Protest Against Medication Prescription Revision

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Date]

[Recipient's Name]

[Recipient's Title]

[Medical Institution/Firm Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my protest against the revision of my medication prescription, as detailed in the recent communication I received on [date of communication]. I have been under the care of [Doctor's Name] for [duration], and my current medication has proven effective in managing my condition.

The proposed changes to my prescription are concerning, as I believe they may adversely affect my health and well-being. [Briefly state any specific reasons or evidence that support your stance, such as prior experiences with the medication or the importance of specific drugs/ingredients.]

It is crucial for me to maintain continuity in my treatment plan to ensure the best outcomes for my health. I respectfully urge you to reconsider this revision and allow me to continue my current medication regimen.

Thank you for your attention to this matter. I look forward to your prompt response and hope we can resolve this issue satisfactorily.

Sincerely,

[Your Name]