

# **Request for Review of Altered Medication Plan**

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Doctor's Name]

[Doctor's Office Name]

[Office Address]

[City, State, Zip Code]

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to formally request a review of my altered medication plan that we discussed during my last appointment on [date of appointment].

Since the changes were made, I have experienced [briefly describe any side effects or concerns]. I believe that a review of the medication plan is necessary to ensure my health and well-being.

I would appreciate your guidance and would be grateful if we could schedule a follow-up appointment at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

[Your Name]