

# Prescription Error Feedback

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

We are writing to inform you about a recent review of your prescription which revealed an error that may have affected your treatment.

Prescription Details:

- Medication Name: [Insert Medication Name]
- Dosage: [Insert Dosage]
- Date Prescribed: [Insert Date]

We sincerely apologize for any confusion or concern this may have caused. The error was identified as follows:

[Describe the nature of the error and any relevant details]

To ensure your safety, we have taken the following steps:

- [List corrective actions taken]
- [List additional follow-up measures]

If you have any questions or if you experience any adverse effects, please do not hesitate to contact us at [Insert Contact Information]. Your health and safety are our top priorities.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization]