

Medication Dosage Change Announcement

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about a change in your medication dosage.

Your previous dosage of [Previous Dosage] for [Medication Name] will be adjusted to [New Dosage]. This change is effective as of [Effective Date].

Please ensure you follow the new dosage instructions as outlined below:

- New Dosage: [New Dosage]
- Frequency: [Frequency of Dosage]

If you have any questions regarding this change, please do not hesitate to reach out to our office at [Office Phone Number] or [Email Address].

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Practice/Clinic Name]

[Contact Information]