

Medication Regimen Alteration Notice

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you of an important change to your medication regimen. After a review of your treatment plan, we have made the following alterations:

Previous Medication

- Medication Name: [Previous Medication Name]
- Dose: [Previous Dose]
- Frequency: [Previous Frequency]

New Medication

- Medication Name: [New Medication Name]
- Dose: [New Dose]
- Frequency: [New Frequency]

These changes are made to better suit your health needs and to enhance the effectiveness of your treatment. Please ensure to follow the new regimen as prescribed.

If you have any questions or concerns regarding this change, do not hesitate to contact our office at [Office Phone Number].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]