

Patient Medication Plan Modification

Date: [Insert Date]

Patient Name: [Patient's Full Name]

Patient ID: [Patient's ID Number]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you about a modification in your medication plan based on your recent consultation and health assessments.

Current Medication Plan:

- [Medication Name 1] - [Dosage] - [Frequency]
- [Medication Name 2] - [Dosage] - [Frequency]
- [Medication Name 3] - [Dosage] - [Frequency]

Modified Medication Plan:

- [New Medication Name 1] - [New Dosage] - [New Frequency]
- [New Medication Name 2] - [New Dosage] - [New Frequency]
- [New Medication Name 3] - [New Dosage] - [New Frequency]

Please ensure to follow the new medication plan as instructed. If you have any questions or need further clarification, do not hesitate to contact our office.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]