

Prescription Medication Adjustment Request

Date: [Insert Date]

To: [Prescriber's Name]

[Prescriber's Address]

[City, State, Zip Code]

Dear [Prescriber's Name],

I hope this message finds you well. I am writing to request an adjustment to my prescription medication. After following the current regimen for [duration], I have experienced [describe any side effects, lack of effectiveness, or other concerns].

Given these circumstances, I would like to discuss the possibility of adjusting my medication to better suit my needs. Specifically, I believe that [suggest any specific changes or alternatives].

Thank you for your attention to this matter. I appreciate your expertise and guidance in managing my treatment plan. Please let me know a suitable time for us to discuss this further.

Sincerely,

[Your Name]

[Your Contact Information]