

Medication Update Notification

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of an important update regarding your medication(s) at [Pharmacy Name].

Your prescription for [Medication Name] has been updated. The following changes have been made:

- **New Dosage:** [Insert Dosage]
- **Updated Instructions:** [Insert Instructions]
- **Refill Information:** [Insert Refill Details]

If you have any questions or concerns, please do not hesitate to contact us at [Phone Number] or visit our pharmacy at [Pharmacy Address].

Thank you for trusting us with your healthcare needs.

Sincerely,
[Pharmacist's Name]
[Pharmacy Name]
[Contact Information]