

Pharmacy Prescription Amendment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Prescribing Physician: [Insert Physician's Name]

Prescription Number: [Insert Prescription Number]

Dear [Patient's Name],

We are writing to inform you of an amendment made to your prescription dated [Insert Original Date]. The changes are as follows:

- Medication Name: [Insert New Medication Name]
- Dosage: [Insert New Dosage]
- Quantity: [Insert New Quantity]
- Directions for Use: [Insert New Directions]

Please contact our pharmacy if you have any questions or concerns regarding this amendment. Your health and safety are our top priorities.

Thank you for your attention.

Sincerely,

[Pharmacy Name]

[Pharmacy Phone Number]

[Pharmacy Address]