

Adverse Reaction Notification

From:

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

To:

[Physician's Name]

[Physician's Address]

[City, State, ZIP Code]

Subject: Notification of Adverse Reaction to Prescription Medication

Dear [Physician's Name],

I am writing to inform you about an adverse reaction I experienced following the use of the medication prescribed to me on [date of prescription] for [medical condition]. The details of the adverse reaction are as follows:

- **Medication Name:** [Medication Name]
- **Date of Reaction:** [Date of Reaction]
- **Description of Reaction:** [Detailed description of the symptoms and severity]
- **Duration of Reaction:** [Duration]
- **Other Medications Taken:** [List any other medications taken concurrently]

I believe it is crucial to report this incident to ensure the safety and well-being of other patients who may be prescribed the same medication. Please advise on any further actions I should take regarding this matter.

Thank you for your attention to this serious issue.

Sincerely,

[Your Name]