

# Prescription Safety Concern Reporting

**Date:** [Insert Date]

**To:** [Recipient's Name]

**Title:** [Recipient's Title]

**Organization:** [Recipient's Organization]

**Address:** [Recipient's Address]

## **Subject: Reporting Safety Concern Related to Prescription Medication**

Dear [Recipient's Name],

I am writing to formally report a safety concern regarding a prescription medication. The details of the concern are as follows:

### **Patient Information:**

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Prescription Date: [Date of Prescription]

### **Medication Details:**

- Medication Name: [Medication Name]
- Dose: [Dosage]
- Frequency: [Frequency]

### **Description of Concern:**

[Provide a detailed description of the safety concern, including any adverse effects, observed issues, or incidents that have occurred.]

### **Action Taken:**

[Describe any actions that have already been taken in response to this concern.]

I believe it is essential to investigate this matter further to ensure the safety and well-being of patients. I look forward to your prompt attention to this issue and any updates you can provide regarding the investigation.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]