

Prescription Side Effect Investigation Request

Date: [Insert Date]

To: [Insert Recipient Name]

[Insert Recipient Title]

[Insert Recipient Organization]

[Insert Recipient Address]

Dear [Recipient Name],

I am writing to formally request an investigation into the side effects related to the prescription medication [Insert Medication Name], prescribed to [Insert Patient's Name] on [Insert Date of Prescription].

The concerning side effects observed include:

- [Insert Side Effect 1]
- [Insert Side Effect 2]
- [Insert Side Effect 3]

Given the impact these side effects have had on [Insert Patient's Name], I would appreciate your assistance in assessing the situation and providing guidance on any necessary actions or changes to the treatment plan.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]