

Medication Review for Anxiety Condition

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient's Name],

We are writing to confirm your upcoming medication review appointment scheduled for [Insert Date and Time]. This review is essential to evaluate the effectiveness of your current anxiety medication and to make necessary adjustments to improve your well-being.

Please prepare for the review by considering the following:

- Your current symptoms: Have they improved, worsened, or stayed the same?
- Side effects: Are you experiencing any side effects from the medication?
- Medication adherence: Have you been taking your medication as prescribed?

It is crucial to discuss your experiences so we can collaboratively decide on the best course of action. If you have any questions or concerns before your appointment, please do not hesitate to reach out.

Thank you for your attention to this important matter. We look forward to seeing you.

Sincerely,

[Your Name]

[Your Position]

[Practice Name]

[Contact Information]