

Medication Adherence Reminder

Dear [Patient's Name],

We hope this message finds you well. As part of your ongoing care for stroke prevention, we want to remind you of the importance of adhering to your prescribed medication regimen. Taking your medications as directed is crucial for your health and helps reduce the risk of stroke.

Your Medication Schedule:

- **Medication Name 1:** [Dosage] - [Frequency]
- **Medication Name 2:** [Dosage] - [Frequency]

If you have any questions or concerns about your medications, please do not hesitate to reach out to us at [Contact Information]. Remember, staying on track with your medications is a key step in maintaining your health.

Thank you for your commitment to your health.

Sincerely,
[Your Name]
[Your Title]
[Your Organization]