

# Medication Adjustment Notification

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

This letter is to inform you about an adjustment to your medication regimen. After our recent consultation and review of your treatment plan, we have decided to make the following changes:

## Updated Medication Details:

- **Medication Name:** [Insert Medication Name]
- **Dosage:** [Insert New Dosage]
- **Frequency:** [Insert New Frequency]

Please ensure to follow the new instructions and take the medication as prescribed. If you have any questions or concerns regarding this adjustment, do not hesitate to reach out to our office.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice Name]