

Prescription Change Alert

Dear [Patient Name],

We are writing to inform you that there has been a change to your prescription details. Please find the updated information below:

New Prescription Details:

- **Medication Name:** [New Medication]
- **Dosage:** [Dosage Information]
- **Frequency:** [Frequency of Use]
- **Start Date:** [Start Date]
- **End Date:** [End Date]

If you have any questions or concerns about this change, please do not hesitate to contact us at [Contact Information].

Thank you for choosing [Pharmacy/Clinic Name].

Sincerely,

[Your Name]

[Your Title]

[Pharmacy/Clinic Name]