

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID/DOB: [Insert ID or Date of Birth]

Subject: Periodic Medication Dosage Review

Dear [Patient Name],

This letter is to inform you that it is time for your scheduled periodic dosage review for the following medication(s):

- [Medication Name 1]: [Current Dosage]
- [Medication Name 2]: [Current Dosage]

The purpose of this review is to ensure that your current dosage remains safe, effective, and aligned with your ongoing health requirements. Regular monitoring allows us to make necessary adjustments based on your recent lab results, symptoms, and overall progress.

Required Action:

Please schedule a review appointment with [Provider Name/Clinic] by [Insert Date]. Prior to this appointment, you may need to complete the following:

- Blood work / Lab tests
- Blood pressure monitoring log
- Updated list of all current supplements and over-the-counter drugs

If you have experienced any new side effects or changes in your condition since your last visit, please bring these to our attention during your appointment.

Please contact our office at [Phone Number] or visit [Patient Portal URL] to book your consultation.

Sincerely,

[Provider Name]

[Clinic/Practice Name]

[Contact Information]