

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Review of Active Medication Protocol

Dear [Patient Name],

We are writing to inform you that we have completed a formal review of your current medication protocol. The purpose of this review is to ensure that your treatments remain safe, effective, and aligned with your current health status.

Current Medications Reviewed:

- [Medication Name 1] - [Dosage/Frequency]
- [Medication Name 2] - [Dosage/Frequency]
- [Medication Name 3] - [Dosage/Frequency]

Review Findings and Instructions:

[Insert specific changes, e.g., "Continue as prescribed," "Discontinue Medication X," or "Adjust dosage of Medication Y to Z."]

Next Steps:

Please update your personal records with these changes. If any new prescriptions have been issued, they have been sent to your preferred pharmacy: [Pharmacy Name].

If you experience any new side effects or have questions regarding these adjustments, please contact our office at [Phone Number] or via the patient portal.

Sincerely,

[Provider Name/Signature]

[Practice Name]

[Contact Information]