

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Dear [Patient Name],

This letter is to summarize the results of your recent prescription management assessment conducted on [Date of Assessment]. The purpose of this review was to ensure that your current medications are safe, effective, and being taken as intended.

Current Medication List:

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

Assessment Findings:

[Insert details regarding adherence, side effects reported, or potential drug interactions identified during the review.]

Action Plan & Recommendations:

- [Recommendation 1: e.g., Continue current regimen]
- [Recommendation 2: e.g., Schedule follow-up blood work]
- [Recommendation 3: e.g., Adjust timing of morning dose]

Please note that any changes to your medication schedule should be implemented immediately. If you experience any new symptoms or side effects, please contact our office at [Phone Number].

Your next medication review is scheduled for [Follow-up Date].

Sincerely,

[Provider Name/Signature]

[Title/Clinic Name]

[Contact Information]