[Clinic/Practice Name]
[Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

Dear [Patient Name],

Re: Follow-Up for New Medication: [Medication Name]

Our records show that you recently started a new prescription for [Medication Name]. We are contacting you to check on your progress and to monitor for any side effects you may be experiencing.

Please review the following questions:

- Have you experienced any new symptoms since starting this medication?
- Are you having any dizziness, nausea, headaches, or skin rashes?
- Are you taking the medication exactly as prescribed?
- Do you have any concerns regarding the effectiveness of the treatment?

If you are experiencing mild side effects, they often subside as your body adjusts. However, if you experience severe symptoms, such as difficulty breathing, swelling, or an intense allergic reaction, please seek emergency medical care immediately.

Please contact our office at [Phone Number] or via the patient portal to provide an update on how you are feeling. We would like to ensure this treatment is both safe and effective for you.

Sincerely,

[Provider Name/Signature]
[Title]