[Date]

[Parent/Guardian Name]
[Address Line 1]
[Address Line 2]

RE: [Patient Name] | Date of Birth: [DOB]

Dear [Parent/Guardian Name],

This letter is to follow up on our recent communication regarding the side effects [Patient Name] experienced while taking [Medication Name].

Based on our evaluation of the reported symptoms, which included [List Side Effects], we have determined the following course of action:

Clinical Assessment: [Brief summary of findings, e.g., the reaction is a known common side effect / the reaction requires a change in therapy.]

Instructions:

- [Instruction 1: e.g., Discontinue the medication immediately.]
- [Instruction 2: e.g., Reduce dosage to (Amount) starting on (Date).]
- [Instruction 3: e.g., Switch to the new prescription for (New Medication Name) provided.]

Monitoring: Please continue to monitor [Patient Name] closely. Contact our office immediately if you notice any worsening of symptoms, difficulty breathing, or a new rash.

A follow-up appointment has been scheduled for [Date] at [Time] to ensure the new plan is effective. If you have any questions before then, please call us at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Practice Name]
[Contact Information]