Date: [Insert Date]

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

Subject: One-Week Prescription Adjustment and Side Effect Monitoring

Dear [Patient Name],

This letter confirms the recent adjustment to your medication regimen as discussed during your last consultation. Effective [Insert Start Date], please follow the updated dosage instructions below:

- **Medication Name:** [Insert Medication Name]
- **New Dosage:** [Insert Dose, e.g., 20mg]
- **Frequency:** [Insert Frequency, e.g., Once daily in the morning]

We have initiated a one-week monitoring period to evaluate how your body responds to this change. Please track any symptoms and pay close attention to the following potential side effects:

- [Insert Side Effect 1]
- [Insert Side Effect 2]
- [Insert Side Effect 3]

Please maintain a daily log of any physical or mood changes during the next seven days. If you experience severe reactions such as difficulty breathing, swelling, or an intense rash, seek emergency medical care immediately.

We have scheduled a follow-up check-in for [Insert Date/Time] to review your progress. If you have urgent questions before then, please contact our office at [Insert Phone Number].

Sincerely,

[Provider Name/Signature]
[Clinic/Practice Name]