[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Follow-Up on Chronic Pain Medication Management

Dear [Patient Name],

This letter is a follow-up regarding your current chronic pain medication regimen. As part of our commitment to your safety and the effectiveness of your treatment, we require regular monitoring of potential side effects.

Please complete the enclosed side effect screening form or prepare to discuss the following during your next appointment:

- Changes in sleep patterns or daytime drowsiness.
- Digestive issues (nausea, constipation, or appetite changes).
- Mood changes, including increased anxiety or irritability.
- Cognitive changes, such as difficulty concentrating or "foggy" thinking.
- Physical symptoms like dizziness, itching, or swelling.

If you are experiencing any severe reactions or if your pain levels have changed significantly, please contact our office immediately at [Phone Number] rather than waiting for your scheduled visit.

Your next follow-up appointment is scheduled for:
Date: [Appointment Date]
Time: [Appointment Time]

We look forward to seeing you and ensuring your treatment plan remains safe and effective.

Sincerely,

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