[Your Name]
[Your Address]
[Your Phone Number]
[Date]

[Doctor's Name]
[Clinic/Hospital Name]
[Clinic Address]

**RE: URGENT: Follow-up on Adverse Side Effects for [Medication Name]**

Dear Dr. [Doctor's Last Name],

I am writing to formally follow up on my previous report regarding adverse side effects I am experiencing from **[Medication Name]**, which was prescribed on **[Date]** for **[Condition]**.

Since my initial report on **[Date of first report]**, my symptoms have [persisted/worsened]. I am currently experiencing the following:

- [Description of side effect 1]
- [Description of side effect 2]
- [Description of side effect 3]

These symptoms are significantly impacting my daily activities and overall health. I am requesting an immediate review of my treatment plan and guidance on whether I should adjust the dosage, discontinue the medication, or switch to an alternative treatment.

Please contact me as soon as possible at [Your Phone Number] to discuss the next steps. If I do not hear from your office by [Time/Date], I will [call the office again/seek urgent care].

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Signature]
[Your Printed Name]