[Doctor Name/Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Dear [Patient Name],

This letter is a follow-up to our consultation on [Date of Consultation] regarding your new medication, [Name of Medication].

As we discussed, it is important to monitor how your body responds to this treatment. Please pay close attention to any changes in how you feel over the next [Number of Days/Weeks].

Common side effects to watch for include:

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

Please contact our office immediately or seek emergency care if you experience:

- Severe allergic reactions (swelling of the face/tongue, difficulty breathing)
- [Specific Severe Symptom]
- [Specific Severe Symptom]

We have scheduled a follow-up appointment for you on [Date] at [Time] to review your progress. If you have any questions or experience bothersome side effects before this date, please call our office at [Phone Number].

Sincerely,

[Doctor/Provider Name]
[Provider Title]