[Doctor Name/Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Patient Name]
RE: Follow-Up for [Antibiotic Name] Treatment

Dear [Patient Name],

This letter is a follow-up regarding the antibiotic medication prescribed to you on [Date]. It is important to monitor how your body is responding to the treatment and to ensure you are not experiencing adverse side effects.

Please review the following checklist of common side effects. Contact our office immediately if you experience:

- Severe diarrhea or watery stools (more than 3 times a day)
- Severe abdominal cramping or pain
- Skin rash, hives, or intense itching
- Shortness of breath or swelling of the face/throat
- Yellowing of the eyes or skin (jaundice)
- Nausea or vomiting that prevents you from taking the medication

Important Reminders:

- Complete the full course of antibiotics even if you feel better.
- Take the medication at the same time each day to maintain a consistent level in your system.
- Drink plenty of fluids unless otherwise directed by your doctor.

If you have any questions or if your symptoms are not improving, please call us at [Phone Number] to schedule a follow-up appointment.

Sincerely,

[Doctor Signature/Name]
[Clinic Name]