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

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

Subject: Routine Follow-Up: Prescription Side Effect Monitoring

Dear [Patient Name],

Our records indicate that you are currently prescribed [Name of Medication] for the treatment of [Condition]. As part of our routine clinical safety protocol, we are reaching out to monitor your response to this medication and screen for any potential side effects.

Please take a moment to review how you have been feeling since starting or adjusting this prescription. Specifically, please note if you have experienced any of the following:

- New or unusual physical symptoms
- Changes in your sleep patterns or energy levels
- Digestive discomfort or changes in appetite
- Changes in mood or mental clarity
- Allergic reactions such as rashes or itching

If you are experiencing any severe or concerning side effects, please contact our office immediately at [Phone Number] or seek emergency medical care if necessary.

If you are tolerating the medication well, we still require a brief update to be placed in your medical file. Please [choose one: call our office / log into the patient portal / schedule a brief follow-up appointment] by [Date] to provide this update.

Regular monitoring ensures that your treatment plan remains safe and effective. We appreciate your cooperation in your ongoing care.

Sincerely,

[Doctor Name/Signature]
[Clinic Name]