

[Doctor Name/Clinic Name]

[Address Line 1]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient Name]

[Patient Address Line 1]

[City, State, Zip Code]

Subject: Follow-Up Regarding Your Medication Dosage Adjustment

Dear [Patient Name],

This letter is a follow-up regarding the adjustment made to your dosage for [Medication Name] on [Date]. It has been thirty days since this change was implemented, and we would like to monitor your progress.

Please contact our office at [Phone Number] to schedule a brief follow-up appointment or to provide an update on how you are feeling. Specifically, we would like to discuss:

- Any improvements in your symptoms.
- Any new or persistent side effects you may be experiencing.
- Your overall response to the new dosage.

If you have already scheduled your follow-up appointment, please disregard this notice. If you are experiencing any urgent or severe reactions to the medication, please contact us immediately or seek emergency care.

Thank you for your cooperation in your ongoing treatment plan.

Sincerely,

[Doctor Name/Provider Name]

[Clinic Name]