

Date: [Insert Date]

Subject: Updated Pediatric Weight-Based Dosage Authorization

Patient Information:

Name: [Patient Name]

Date of Birth: [DOB]

Current Weight: [Weight in kg/lbs]

Date of Weight Measurement: [Insert Date]

To Whom It May Concern,

This letter serves as formal authorization for the updated medication dosage for the above-named patient based on their most recent clinical weight assessment.

Medication Details:

- **Medication Name:** [Insert Medication Name]
- **Dosage Concentration:** [e.g., 100mg/5ml]
- **Calculated Dose:** [Insert Dose, e.g., 7.5ml]
- **Frequency:** [e.g., Every 8 hours as needed]
- **Route:** [e.g., Oral]

This dosage update supersedes all previous authorizations. Please update the patient's records and pharmacy profile accordingly to ensure medication safety and therapeutic efficacy.

If there are any questions regarding these instructions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Facility Name]

[NPI Number]