

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Notification of Medication Dosage Adjustment

Dear [Patient Name],

This letter is to formally notify you of a change to your medication dosage as discussed during your recent consultation on [Date of Consultation].

Medication Name: [Name of Medication]

Previous Dosage: [Old Dosage/Frequency]

New Dosage: [New Dosage/Frequency]

Reason for Adjustment:

[Brief reason, e.g., lab results, therapeutic response, or side effect management]

Effective Date:

Please begin following this new dosage schedule starting on [Start Date].

Instructions:

[Insert specific instructions on how to take the medication, such as "Take with food" or "Take at bedtime"]. Please safely discard any old dosing instructions you may have.

If you experience any new or worsening side effects, or if you have questions regarding this change, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Clinic/Practice Name]

[Contact Information]