

Requesting a Medication Change – Model Letter

[Date]

[Doctor's Name]

[Practice or Hospital Name]

[Doctor's Address]

[City, State, ZIP Code]

Subject: Request for Medication Change for [Child's Name]

Dear [Doctor's Name],

I am writing to discuss my child, [Child's Name], who is currently under your care and receiving [current medication name].

After careful observation and consideration, I would like to request a change in [his/her/their] medication. [Please use this space to explain the reasons for requesting a medication change. For example, you might describe any side effects experienced, lack of improvement, changes in symptoms, or other concerns.]

I appreciate your ongoing support and attention in managing [Child's Name]'s health. Please let me know if you need any additional information or if there are any steps we need to take before adjusting the medication. I look forward to discussing this further at your earliest convenience.

Thank you for your understanding and assistance.

Sincerely,

[Your Name]

[Your Address] [City, State, ZIP Code]

[Email Address]

[Phone Number]

Do you want support personalizing this letter? Reach out to PPMD at ppmd.org/contact to connect with a Family Partner who can provide support and answer any questions.