

## Possible letter

Dear Carer, Manager, Nurse of ~[Title/Initial/Surname]

### Medication Review

Thank you for your co-operation in enabling a medication review for ~[Title/Initial/Surname]. The practice has completed a clinical medication review on the current medication of ~[Title/Initial/Surname]. This letter is to inform you of the actions taken following the review in order to optimise current medication, reduce potential side effects/adverse drug reactions and agree expectations of drug therapy. You do not need to make any changes or order new medication as these will be actioned the next time medication is ordered at the surgery to avoid unnecessary waste. You should keep a copy of this letter in the records for ~[Title/Initial/Surname].

### Agreed Recommendations

1)

### Follow-up Actions

1)

The community pharmacist/care provider has been informed of the above changes, and the summary care record has been updated. (if applicable)

What happens next: if no follow-up, the medication will be reviewed again in a year. If you have any issues or problems regarding the medication please contact your GP or community pharmacist.

If you have any queries regarding this letter please contact [*insert name of contact, practice*] and or [*insert email of local CCG patient relations team*]

All medicines should be safely stored out of the reach of children.

Yours sincerely

~ [Usual prescriber/Registered prescriber/GP Prescribing Lead/Other]

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## Agreement to letter

Please detail any amendments to the letter here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

**Document version control**

Version	State changes	New version	Actioned by



**Harrogate and Rural District**  
Clinical Commissioning Group