

Possible letter

Dear ~[Title/Initial/Surname]

Medication Review

The practice has completed a clinical medication review of your current medication. This letter is to inform you of the actions taken following the review in order to optimise your current medicines, reduce potential side effects/adverse drug reactions and consider your 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.

Agreed Recommendations

1)

Follow-up Actions

1)

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

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

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