*[Practice Letter Head]*

PRIVATE AND CONFIDENTIAL

Dear Matron/Manager

*[Address]*

Dear Matron/Manager

**Re: Resident’s Name *[****insert patient name]* NHS No *[insert NHS number]*

[*Today’s Date]*

The above named person has had their medication reviewed and after discussion with their prescribing GP, the following changes have been agreed:

# MEDICATION STOPPED

|  |  |
| --- | --- |
| **Medication** | **Reason for discontinuation** |
|  |  |
|  |  |
|  |  |

**MEDICATION CHANGED**

|  |  |  |
| --- | --- | --- |
| **Medication changed from** | **Medication changed to** | **Reason for change** |
|  |  |  |
|  |  |  |
|  |  |  |

**NEW MEDICATION STARTED**

|  |  |
| --- | --- |
| **Medication** | **Reason for initiation** |
|  |  |
|  |  |
|  |  |
|  |  |

**Additional Information**

Repeat medication following agreed changes:

*[Insert Repeat Templates]*

# FOLLOW UP REQUIRED (if any):

|  |  |
| --- | --- |
| **Medication/Monitoring** | **Date** |
|  |  |
|  |  |

Please inform your supplying community pharmacy of these changes by sending a copy of this letter.

Yours faithfully

*Pharmacist Name*

NECS Care Home Pharmacist Cc: GP, Pharmacy