

[Practice Letter Head]

[Today's Date]

PRIVATE AND CONFIDENTIAL

Dear Matron/Manager

[Address]

Dear Matron/Manager

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

The above patient 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

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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