**Pharmacy Address:**

**Date:**

Dear Dr

**Client’s name:**

**Address:**

**DOB:**

I saw the above client at the pharmacy today and I have completed the varenicline clinical risk assessment form (attached) with a view to supplying **varenicline** tablets to help him/her give up smoking.

As you will see the client answered ‘yes’ to one or more questions and is therefore excluded from the pharmacy service.

Can you please review this client, and if appropriate provide a prescription for Varenicline. The treatment period is normally for a maximum of 12 weeks, although some individuals may benefit from taking varenicline for up to 24 weeks.

Yours sincerely

…………………………………….. (Signature)

……………………………………. (PRINT NAME)