**Pharmacy address:**

**Date:**

Dear Dr

**Client’s name:**

**Address:**

**DOB:**

I saw the above client at the pharmacy today and I have recommended and supplied them with **varenicline** tablets to help them to give up smoking.

Most clients take varenicline for up to 12 weeks. In a few cases, individuals may benefit from taking varenicline for up to 24 weeks. The client will be assessed accordingly throughout their quit attempt.

Please add this medicine to the client’s medication records. No further action will be required from you as the client will be receiving all supplies of varenicline from my pharmacy. Please do not hesitate to contact me should you require further information.

Yours sincerely

…………………………………….. (Signature)

…………………………………….. (PRINT NAME)