Date:

Patient CHI

Name

Address

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community Pharmacy

Dear Colleague,

**Change to Dosette Box / Care home / Serial prescription medication**

Please could you make the following changes:

1. New medication
2. Medication to be stopped
3. Change to dose

Date change to be made from: (Circle)  **ASAP Next Box Next cycle**

Yours sincerely

Practice Pharmacist