



# Physician Letter

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Re: \_\_\_\_\_

(Patient Name)

(PHN)

\_\_\_\_\_

\_\_\_\_\_

(Address)

I recently completed a medication review with our patient on \_\_\_\_\_ .  
(Date)

I am enclosing a copy of this patient's Personal Medication Record, which summarizes the prescription, over-the-counter, and complementary medications this patient is currently taking.

The review also indicated that this patient has:

- No medication adherence issues.
- Medication management issues requiring pharmacist or patient action only, as summarized on the attached Action Plan.
- Proposed solutions to medication management issues for your attention, as summarized on the attached Action Pan.

If you have any questions or concerns, I would be pleased to speak with you further about any of these issues.

Sincerely,

\_\_\_\_\_

(Pharmacist Name)