



PRESCRIBER COMMUNICATION LETTER

Date

Dear

Re:
(Patient name
and address)

I completed a:

- ☐ PEI PharmaCheck Basic Medication Review ☐ PEI PharmaCheck Diabetes Medication Review

With our patient on:

PHN

DOB

I am enclosing a copy of this patient's Personal Medication Record, which summarizes the prescription, non-prescription and natural products 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 Personal Medication Record.
- ☐ Proposed solutions to medication management issues for your attention, as indicated on the attached Personal Medication Record and summarized below:

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

Sincerely,

Pharmacist name

Contact Information: