

[Practice Name]
[Practice Address]
[Phone Number]
[Date]

To [Patient Name],

RE: Routine Medication Review and Blood Pressure Monitoring

Our records show that your routine medication review is now due. As part of this review, we need to record an up-to-date blood pressure reading to ensure your current prescription remains safe and effective for you.

Please contact the surgery at your earliest convenience to arrange an appointment with the [Nurse/Healthcare Assistant/Pharmacist].

If you have a blood pressure monitor at home, you may alternatively submit a week of home readings (twice daily) to the surgery via [Email/Online Portal/Reception] instead of attending an in-person monitoring appointment.

It is important that we complete these checks to continue issuing your repeat prescriptions without delay.

Thank you for your cooperation.

Yours sincerely,

[Name/Signature]
[Title/Position]
[Practice Name]