

[Clinic Name]
[Clinic Address]
[Date]

[Patient Name]
[Patient Address]

Dear [Patient Name],

Our records show that your annual medication review is now due. It is important to review your long-term medications periodically to ensure they remain safe and effective for you.

Please contact the surgery at [Phone Number] or use our online booking system to schedule an appointment with [the Doctor / the Pharmacist / the Nurse].

This appointment can be conducted via [Telephone / In-person].

Before your appointment, please ensure you have completed any necessary blood tests if requested by the clinic.

If you have already booked this appointment, please disregard this letter.

Yours sincerely,

[Sender Name]
[Practice Position]