

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Invitation for Your Biannual Pharmacy Medication Review

Dear [Patient Name],

We are writing to invite you to your scheduled biannual medication review at [Pharmacy Name]. Our records indicate that it has been six months since your last comprehensive consultation.

The purpose of this review is to ensure that your medications are working effectively for you. During this brief appointment, our pharmacist will:

- Discuss any concerns or side effects you may be experiencing.
- Review your current dosage and administration schedule.
- Check for potential interactions between prescriptions, over-the-counter drugs, and supplements.
- Answer any questions you have regarding your treatment plan.

To schedule your review, please call us at [Phone Number] or visit our website at [Website URL]. We offer both in-person and over-the-phone consultations for your convenience.

Please bring a complete list of all medications and supplements you are currently taking to your appointment.

We look forward to helping you manage your health.

Sincerely,

[Pharmacist Name/Pharmacy Manager]

[Pharmacy Name]

[Phone Number]