

[Practice Name]  
[Practice Address]  
[Date]

[Patient Name]  
[Patient Address]

Dear [Patient Name],

**Subject: Scheduled Review of Your Long-Term Medications**

Our records show that you are currently taking several long-term medications. To ensure your treatment remains safe and effective, we would like to invite you for a regular medication review.

This review is a routine part of your care. It allows us to:

- Check that your medicines are working correctly.
- Discuss any side effects or concerns you may have.
- Ensure you are taking the correct doses.
- Update your repeat prescriptions.

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

Before your appointment, please make a list of all medications you are currently taking, including any vitamins, supplements, or over-the-counter medicines purchased from a pharmacy.

If you have recently had a review, please disregard this letter.

Yours sincerely,

[Signature/Name]  
[Job Title]