[Date]

[Patient Name]
[Patient Address]
[City, Postcode]

Dear [Patient Name],

Subject: Scheduled Review of Your Weight Management Medication

Our records show that you are currently prescribed medication to assist with weight management. It is now time for your clinical review to ensure this treatment remains safe and effective for you.

Before we can issue your next prescription, we need to assess your progress. This review will include:

- Monitoring your current weight and Body Mass Index (BMI).
- Checking your blood pressure and heart rate.
- Discussing any side effects or concerns you may have.
- Reviewing the continued suitability of the medication.

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

Please ensure you book this appointment by [Date] to avoid any interruptions to your medication supply.

If you have already had a review in the last two weeks, please disregard this letter.

Yours sincerely,

[Signature]
[Name of Clinician/Practice Manager]
[Practice Name]