

Date: [Insert Date]

To: [Recipient Name/Pharmacist]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Subject: High-Dose Steroid Prescription for Neurological Condition

To Whom It May Concern,

The above-named patient is under the care of the Neurology Department for the treatment of [Diagnosis, e.g., Multiple Sclerosis Relapse / Optic Neuritis].

Based on their clinical presentation, I am prescribing a high-dose corticosteroid regimen as follows:

- **Medication:** [e.g., Methylprednisolone or Prednisone]
- **Dosage:** [e.g., 1000mg or 1250mg]
- **Frequency:** Once daily
- **Duration:** [e.g., 3 to 5 days]
- **Route:** [e.g., Oral or Intravenous]

Additional Instructions:

- Administer with food to minimize gastric irritation.
- Prescribe a Proton Pump Inhibitor (PPI), such as Omeprazole 20mg daily, for gastric protection during the course.
- Monitor blood glucose levels, particularly if the patient is diabetic.
- Advise the patient regarding potential side effects, including insomnia, mood changes, and dyspepsia.

If there are any concerns or contraindications, please contact the Neurology department at [Phone Number].

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Title/Department]

[Medical License Number]