For Attention of {{ patientService.patient.recipientName }}

Medication Change Request for:

{{ patientService.patient.registration.callingName }} {{ patientService.patient.registration.familyName }}, {{ patientService.patient.registration.nhsNumber }}

{{ patientService.patient.registration.dateOfBirth }}, [sex]

[patient telephone home], [patient mobile]

[patient block address]

Please authorise the following changes to the above patient's medication following a Hypertension medicines review completed on *[date]:

Stop the following medication:

[auto-populate with name of medication that should be discontinued]

[auto-populate with name of medication that should be discontinued]

Start the following medication:

Medication	Dose
[auto-populate with name of medication that should be continued]	[enter dosage]
[auto-populate with name of medication that should be continued]	[enter dosage]

Continue with the following medication:

Medication	Dose

[auto-populate with name of medication that should be initiated]   *[at same dosage]

[auto-populate with name of medication that should be initiated]   *[at same dosage]

The patient should return in [number] months for a medication review.

Regards,

[practitioner full name]
[practitioner role]