Dear Valued Patient,

Upon review of your medication list filled at our pharmacy, we noticed you are taking <Insert Brand Name (Insert Generic Name)>. This medication is considered a high risk medication for patients 65 and over as it could cause serious side effects in older adults. One of our goals is to work with you to be as healthy as possible and there may be a safer medication for you.

Please bring this letter with you to your next provider’s appointment. We are happy to discuss safer alternatives to your medication with your provider . If you or your physician have any questions, please feel free to contact us directly and reference this link [<http://pharmacyquality.com/Documents/PLHRMChartDec15.pdf>] for medication alternatives.

If you have questions, please talk to one of our friendly pharmacists and we can also provide information on other alternative medications.

As always, it is our pleasure to take care of you!

Sincerely,

Your Trusted Pharmacist

[Insert Pharmacy Contact information]