

Professional Referral Letter

Date:

Urgency: [] Routine [] Urgent

From:

Pharmacist Name:

Pharmacy Name:

Phone/Fax:

To:

Practitioner Name:

Clinic/Facility:

Patient Details:

Full Name:

Date of Birth:

ID/NHS Number:

Reason for Referral:

[Briefly describe clinical findings, medication concerns, or symptoms observed]

Current Medications / Intervention Provided:

[List relevant medications or immediate advice/treatment given in-pharmacy]

Requested Action:

[e.g., Clinical review, diagnostic testing, prescription adjustment]

Kind regards,

Signature of Pharmacist

Professional Registration Number: