Pharmacy Letter of Introduction

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Contact: Your ref: Telephone: 01952 381777 Our ref: Fax: 01952 381750 Date:

Dear Pharmacist

This letter is to introduce to you, a patient from the Community Substance Misuse Service.

The patient will be receiving Methadone or Buprenorphine to be consumed in your pharmacy on the designated days.

Patient name and contact number:

Patient date of birth:

Key worker's name and contact number:

Prescriber name and contact number:

Start date at pharmacy:

Drug details:

Medication:

Daily dose:

Pick up regime:

If you have any queries, please contact the Community Substance Misuse Service on 01952 381777.